

Case No.

*In re. Investigation of election irregularities affecting
Congressional District 9*

Exhibit

4.2.6.2.1.1

Description: Absentee ballot return envelopes obtained from the Bladen County Board of Elections office for the 2018 general election.



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of the facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STATE OF _____
COUNTY OF _____
Notary Public _____

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RANGES ADAMS
 ENTER RD.
 BORO/ NC 28320

BLADEN COUNTY



Ballot: G001
 FRANCES ADAMS
 TD:P202/P202
 2018 GENERAL

Muni:

Primary Request or Runoff Request
 If that a Second Primary (or Runoff Election) is called,
 at an absentee application and ballot be issued to me
 to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If, due to illness or disability, I request that
 I be excused from appearing at the polls for any other
 election held this calendar year in which I am eligible to
 vote. (Check the box to receive eligible ballots.)

Other (if applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) _____ Date _____

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____ Address of Assistant _____

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Steven D. Ludlum</i>	Signature (Required) <i>Michael Ludlum</i>
Street Address (Required) 111 Pecan ST.	Street Address (Required) 11409 Center Rd.
City, State and Zip (Required) Bladenboro N.C. 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-2-18	Date 10-2-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the _____ personally appeared before me, was _____ identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate caused it to be signed. • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. T.S.B. 1

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of the facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JULIA HESTER ALLEY
256 HESTER MILL RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY.



Ballot: G001
JULIA HESTER ALLEY
PCT/VTD: P15/P15
11/08/2018 - GENERAL

Muni:

Board Approval Date:

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature

256 Hester Mill Rd B-hou
N.C.
28320

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature

Date

10-18-2018

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified for reasons described in the WARNING on the flap of this envelope. The voter in my presence, or caused it to be marked in the voter's presence according to the voter's instruction. The voter signed this Absentee Application and Certificate, or caused the secrecy of the ballot and the voter's privacy, unless I assisted the voter in completing the Voter Assistant Certification section.

Witness #1	Witness #2
<p>Signature (Required)</p> <p>Jessica H. Peck</p>	<p>Signature (Required)</p> <p>101 Edison Hest Rd</p>
<p>Street Address (Required)</p> <p>Bladenboro, NC</p>	<p>Street Address (Required)</p> <p>Bladenboro, NC</p>
<p>City, State and Zip (Required)</p> <p>Bladenboro, NC 28320</p>	<p>City, State and Zip (Required)</p> <p>Bladenboro, NC 28320</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, personally appeared _____, identified, and in my presence, the voter marked the enclosed ballot, or caused the presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified for reasons described in the WARNING on the flap of this envelope. I respected the secrecy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application.

STATE OF _____

COUNTY OF _____

Notary Public

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of the facility; (2) a person who holds any position of authority in the facility; or (3) a person who is an officer, state legislator, congressional district secretary, or party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LADY DONALD ALLISON JR.
208 VILLAGE ST # 5A
BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
LADY DONALD ALLISON JR.
PCT/VTD: P202/P202 Munt: 20
11/08/2018 - GENERAL

Board Approval Date: _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed: _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR
☐ a notary public who is available to complete Option 2 of the Witnesses' Certification

X
Signature _____
Date 10-23-18

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

X
Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified described in the WARNING on the flap of this envelope. The voter is in my presence, or caused it to be marked in the voter's presence. The voter signed this Absentee Application and Certificate, or caused the signing of the ballot and the voter's privacy, unless I assist in completing the Voter Assistant Certification section.

Witness #1 _____

Signature (Required) _____
276 Twisted Hickory Rd 303 Pk

Street Address (Required) _____
Ft. Howard NC 28337

City, State and Zip (Required) _____
10-23-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, personally appeared _____, identified, and in my presence, the voter marked the enclosed ballot or presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified described in the WARNING on the flap of this envelope. I respected the privacy of the voter, unless I assisted the voter at his/her request (complete the Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and issuing a notarial seal to an absentee voter.

STATE OF _____

COUNTY OF _____

Notary Public _____

NCSBE v2018.02

Absentee Application and Certificate

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The following people are **PROHIBITED** from signing the Witnesses' Certification:

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of the facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MATASHA CAMELLIA ANDERSON
 300 HILL ST
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

Ballot: G005
 MATASHA CAMELLIA ANDERSON
 PCT/VD: P502/P502 Muni: 50
 11/06/2018 - GENERAL

Board Approval Date: _____

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature: _____ Date: 10/18/18

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from described in the WARNING on the flap of this envelope. • The Voter in my presence, or caused it to be marked in the Voter's presence according to the instructions on the Absentee Application and Certificate, or caused the secrecy of the ballot and the Voter's privacy, unless I assisted in completing the Voter Assistant Certification section.

Witness #1	Witness #2
Signature (Required): _____	Signature (Required): _____
Street Address (Required): 1033 Charles Dr	Street Address (Required): 300 Hill St
City, State and Zip (Required): Elizabeth, NC	City, State and Zip (Required): Elizabeth, NC

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, personally appeared _____, identified, and in my presence, the Voter marked the enclosed ballot, or caused the presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate. • I assisted the Voter at his/her request. (complete Voter Assistant Certification section)

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application.

STATE OF _____

COUNTY OF _____

Notary Public _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JERRIE ANDREWS
 MORE RD
 NC 28434

ADEN COUNTY

Ballot: G002
 JERRIE ANDREWS
 D:P30/P30
 018 GENERAL

Muni:

Primary Request or Runoff Request

At a Second Primary (or Runoff Election) is called, I am requesting that an absentee application and ballot be issued to me. (Check this box to receive eligible ballots.)

Request for Illness/Disability
 If I am ill, injured, or have a physical condition that prevents me from voting, I request that I be a request for absentee ballots for any other election held this calendar year in which I am eligible to vote. (Check this box to receive eligible ballots.)

If applicable

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☒ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

X

Signature

Date 11-2-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Franklin D. Andrews
 Name of Assistant Address of Assistant 161 Baltimore Rd. N.C. 28427

X Franklin D. Andrews
 Signature of Assistant Date 11-2-18

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request to complete the Voter Assistant Certification section.

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the 2nd day of November 2018, I personally appeared before me, as a Notary Public, and in my presence, the voter marked the enclosed ballot or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request to complete the Voter Assistant Certification section.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF N.C.
 COUNTY OF Bladen
 Notary Public
 Rhonda B. Smith
 My Comm. Expires 12/15/18

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WORTHER ANDREWS JR
HTEN RD
WOOD, NC 28456

BLADEN COUNTY



Ballot: G002
RGE WORTHER ANDREWS JR
VTD: P30/P30 Munk:
/2018 2 GENERAL

Primary Request or Runoff Request
that a Second Primary (or Runoff Election) is called, it an absentee application and ballot be issued to me to me. (Check the Box to receive eligible ballots.)

Request for Illness/Disability
inured or expected illness or disability, I request that I be a request for absentee ballots for any other be held this calendar year in which I am eligible to (Check the box to receive eligible ballots.)

ter (if applicable)

application and ballots should be mailed,

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☒ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

X
Signature of Voter (Required) 10/5/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the 5th day of October, 2018, the George W. Andrews personally appeared before me, was identified and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the of the Voter, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notated seal to an absentee ballot application or certificate. (N.C. § 1-202)

STATE OF NC
COUNTY OF Bladen

Rhynette Brown
Notary Public
Commission Expires 12/31/18

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee; (2) an individual who is a member of the board of directors or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 01 2018

TIME _____ BY _____
BLADEN CO. OF ELECTIONS

TIME _____ REC'D BY _____
BLADEN CO. OF ELECTIONS

DELTON EUGENE ARD JR.
802 PINE RIDGE CIR
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
DELTON EUGENE ARD JR
PCT/VD-P201/P201
11/06/2018 - GENERAL

Muni: 20

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness or Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction, and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified, described in the WARNING on the flap of this envelope. The voter, my presence, or caused it to be marked in the voter's presence. The voter signed this Absentee Application and Certificate, or caused the signing of the ballot and the voter's privacy, unless I assisted (complete Voter Assistant Certification section).

Witness 1	Witness 2
Signature (Required) <i>James R. Long</i>	Signature (Required) <i>Eric B.</i>
Print Address (Required) 1216 WEBB FAULK RD	Print Address (Required) 603 Pica
City, State and Zip (Required) BLADENBORO, NC 28320	City, State and Zip (Required) Bladenboro
Date 11/27/18	Date 11/27/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on this _____ day of _____, personally appeared _____ identified, and in my presence, the voter marked the enclosed ballot, or caused the ballot to be marked in the voter's presence. The voter signed this Absentee Application and Certificate, or caused the signing of the ballot and the voter's privacy, unless I assisted (complete Voter Assistant Certification section).

(NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot.)

STATE OF _____

COUNTY OF _____

Notary Public

NCSBE V2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BALAJI ANTONIO ASHE
 300 HILL ST
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY

Ballot: G005
 BALAJI ANTONIO ASHE
 PCT/VD: P502/P502 Mnt: 50
 11/06/2018 - GENERAL

Board Approval

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (if applicable) Date 10-18-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified for described in the WARNING on the flap of this envelope. The voter in my presence; or caused it to be marked in the voter's presence according to the voter's instruction. The voter signed this Absentee Application and Certificate, or caused the secrecy of the ballot and the voter's privacy, unless I assisted in complete Voter Assistant Certification section.

Witness #1	Witness #2
Signature (Required) Annie M. Lewis	Signature (Required) [Signature]
Street Address (Required) 300 Hill St	Street Address (Required) 129 Ch...
City, State and Zip (Required) Elizabeth Town, NC 28337	City, State and Zip (Required) Cous...

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, personally appeared _____ identified, and in my presence, the voter marked the enclosed ballot, or cause presence according to his/her instruction. The voter signed this Absentee Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot.

STATE OF _____

COUNTY OF _____

Notary Public

NCSBE v2018.02

Absentee Application and Certificate

Brought in by Voter

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

AUDREY ANTHONY ATKINSON
 04 VILLAGE ST #2C
 LADENBORO, NC 28320

NA - BLADEN COUNTY

Ballot: G001
 AUDREY ANTHONY ATKINSON
 PCT/VD:P202/P202 Muni: 20
 11/06/2018 GENERAL

Signature of Voter

Second Primary Request or Runoff Request
 I request that an absentee application and ballot be issued to me if mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 Due to continued or expected illness or disability, I request that an application be a request for absentee ballots for any other election to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required)</p> <p><i>Lisa Britt</i></p> <p>303 Pican St 3F</p> <p>Bladenboro, NC 28320</p> <p>City, State and Zip (Required)</p> <p>9-29-18</p> <p>Date</p>	<p>Signature (Required)</p> <p><i>James R. Singleton</i></p> <p>P.O. Box 1000</p> <p>Bladenboro, NC 28320</p> <p>City, State and Zip (Required)</p> <p>9-29-18</p> <p>Date</p>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 163-30)

STATE OF

COUNTY OF

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ATKINSON
 E HATCHER RD
 NC 28434

LADEN COUNTY

Ballot: G002
 A ATKINSON
 D: P75/P75
 118 - GENERAL

Muni:

Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
 Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>William R. ...</i>	Signature (Required) <i>Agnes C. ...</i>
Street Address (Required) 123 Charles Dr	Street Address (Required) 261 White Plains Ch. Rd
City, State and Zip (Required) Cowan, NC 28434	City, State and Zip (Required) Charlotte, NC 28433
Date 10/28/18	Date 10-28-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 15A, § 103-319.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elected office; and (3) an individual who holds office in a State Congressional district, county, or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NORRIS ANTONIO ATKINSON JR
753 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY



Ballot: G002
NORRIS ANTONIO ATKINSON JR
PCT/VD: P75/P75 Muni:
11/08/2018 - GENERAL

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date
10-28-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>W. Morris</i>	Signature (Required) <i>James C. Willis</i>
Street Address (Required) 123 Charles Dr	Street Address (Required) 501 White Plains Ch. Rd
City, State and Zip (Required) Council, NC 28434	City, State and Zip (Required) Clarkton, NC 28433
Date 10/28/18	Date 10-28-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BOBBY LOFTON AUTRY
 137 AVENUE AVE
 WHITE OAK, NC 28399
 DEM - BLADEN COUNTY



Ballot: G004
 BOBBY LOFTON AUTRY
 PCT/VTD:P80/P80 Muri:
 11/08/2018 - GENERAL

POST APPROVAL DATE: 11/08/2018

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable): *[Signature]*

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

☒ X

Signature of Voter (Required)

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Mary Johnson</i>	Signature (Required) <i>Hazel Butler</i>
Street Address (Required) 3684 Hwy 53 W	Street Address (Required) 137 Avenue AVE
City, State and Zip (Required) White Oak	City, State and Zip (Required) White Oak, NC
Date 11-12-18	Date 11-12-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-3)

STATE OF

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

• **for all voters:** a candidate, UNLESS the candidate is the voter's near relative;
 • **for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

ARRETT AUTRY
 REST DR
 HTOWN, NC 28337

ADEN COUNTY

Ballot: G001
 E GARRETT AUTRY
 ID: P15/P16
 1018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Ce

X

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
John Notar	Meredith Buerger
Signature (Required)	Signature (Required)
John Notar	Meredith Buerger
Street Address (Required)	Street Address (Required)
327 Merrimac Trail, Unit 52C	525 Prince George St., #202
City, State and Zip (Required)	City, State and Zip (Required)
Williamsburg, VA 23185	Williamsburg, VA 23185
Date	Date
10/31/18	10/31/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, _____, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and adding a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-302)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SE

Application and ballots should be mailed

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county, or organization, or who is a campaign manager or treasurer for any candidate or political party.

DOROTHY AUTRY
223 AUTRYTOWN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

Ballot: G004
DOROTHY AUTRY
PCT/VD:P40/P40
11/06/2018 - GENERAL

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be mailed to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Voter's Certification (Required)
 I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age, and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10/15/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
 I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Witnesses' Certification

Option 1: Two (2)
 (Required Unless a Notary Public)

I certify that: I am at least 18 years old. I am not the voter, or caused it to be marked in the voter's presence. The voter signed this Absentee Application and Certificate in the presence of the voter and the voter's privacy. I complete the Voter Assistant Certification section.

Witness #1
Dorothy B. Johnson
336 West Richardson Rd
Elizabethtown, NC 28337
10-15-18

Witness #2
336 West Richardson Rd
Elizabethtown, NC 28337
10-15-18

Option 2: Notary Public
 (Required Unless Two Witnesses)

I certify that: on the _____ day of _____, per _____, identified, and in my presence, the voter marked the enclosed presence according to his/her instruction. The voter signed caused it to be signed. I am at least 18 years old. I am described in the WARNING on the flap of this envelope. I of the voter, unless I assisted the voter at his/her request.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHNSON AUTRY
JEAVE
K/NC 28399

ADEN COUNTY



Ballot: G004
JOHNSON AUTRY
D:P80/P80
J18 - GENERAL

Muni:

Valid Date:

Primary Request or Runoff Request
 that a Second Primary (or Runoff Election) is called, it an absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 injured or expected illness or disability, I request that on be a request for absentee ballots for any other be held this calendar year in which I am eligible to (Check the box to receive eligible ballots.)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>Mary Johnson</i> Signature (Required)	<i>Regina Houston</i> Signature (Required)
3604 Mary St W Street Address (Required)	171 Acorn Ave Street Address (Required)
White Oak City, State and Zip (Required)	White Oak, NC 28387 City, State and Zip (Required)
NC 28399 Date	10-12-18 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30).

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

NC SB 6 v2018.02

29227

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHNNIE NATHAN AUTRY
223 AUTRYTOWN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
JOHNNIE NATHAN AUTRY
PCT/VD:P40/P40
11/06/2018 - GENERAL

Munt:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification),

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

[Signature] 10/15/18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant
X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<u>[Signature]</u> Signature (Required)	<u>[Signature]</u> Signature (Required)
<u>215 Autrytown Rd</u> Street Address (Required)	<u>215 Autrytown Rd</u> Street Address (Required)
<u>Bladen County NC</u> City, State and Zip (Required)	<u>Bladen County NC</u> City, State and Zip (Required)
<u>10/15/18</u> Date	<u>10/15/18</u> Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [N.C.S. § 163-3]

STATE OF _____
COUNTY OF _____
Notary Public Commission Expiration Date _____

SEAL

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, **UNLESS** the candidate is the voter's near relative.
For voters who are not candidates: a candidate, a member of the candidate's family, or a member of the candidate's campaign committee.

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

REP - BLADEN COUNTY



Ballot: G001
JOSHUA RYAN AUTRY
PCT/VD:P202/P202
11/06/2018 GENERAL

Mini: 20

Boards Approval Date:

Second Primary Request or Runoff Request

☐ In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot. (the witnesses must complete the **Option 1 of the Witnesses' Certification**)

OF

☐ a notary public (the notary must complete Option 2 of the Witnesses Certification)

10-22-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

certify that: 2. The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voters Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant

X
Signature of Assistant

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from voting as described in the WARNING on the flap of this envelope; The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to the instructions on the back of the ballot; The Voter signed this Absentee Application and Certificate, or caused it to be signed in the presence of the ballot; and the Voter's privacy (unless assisted by the Voter's poll worker) is complete. Voter Assistant Certification section.

● 知识链接

張公行與

Signature (Required)

Signature: Sandra Parker

303 Pecan St Apt 303
Street Address (Required)

Signature (Red-ink)
303 Pecan St 3F
Street Address (Red-ink)

City, State and Zip (Required) 10-22-18

Bladenboro, NC 2
City, State and Zip (Required) 10-23

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, personally appeared before me (I was identified, and in my presence, the Voter marked the enclosed ballot or caused it to be marked in my presence according to his/her instructions). The Voter signed this Absentee Application and caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of the envelope. I respect the secrecy of the Ballot and of the Voter, unless I assisted the Voter in his/her voting.

NOTE: A notary may not charge any fee for witnessing and signing a notarial seal to an absentee ballot application or certificate.

STATE OF

COUNTY OF

History Public

THE UNIVERSITY OF CHICAGO

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

UTRY
 JE AVE
 KING 28399
 ADEN COUNTY

Ballot: G004
 AUTRY
 P80/P80
 18 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot. (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the Voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request. [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Deborah L. Melni</i>	Signature (Required) <i>Mary Jo L. L...</i>
Street Address (Required) 171 Avenue Ave	Street Address (Required) 86840 Hwy 53W
City, State and Zip (Required) White Oak NC 28399	City, State and Zip (Required) White Oak, NC 28399
Date 11/5/18	Date 11-5-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified; and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request. [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date: _____

NCSBE V2018.02

Early Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, an absentee application and ballot be tested to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If I am or expect to be ill or disabled, I request that be a request for absentee ballots for any other held this calendar year in which I am eligible to check the box to receive eligible ballots.)

If applicable:

Application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: an owner, manager, director, or employee of that party or organization, or who is a campaign manager or treasurer, for any candidate or political party.

AMBER WARWICK AVANT
732 HICKMAN RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
AMBER WARWICK AVANT
PCT/VTD: P202/P202 Muni:
11/06/2018 - GENERAL

Card Approval Date:

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this year, which I am eligible to receive.

Bladenboro, NC 28320
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

11/28/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not scheme now for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (9.S. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEILA CARROLL BABSON
 1676 NC 211 HWY W
 CLARKTON, NC 28433

REP. BLADEN COUNTY



Ballot: G001
 SHEILA CARROLL BABSON
 PCT/VID: P10/P10 Muni:
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) _____ Date 10-5-18

Name Correction (if applicable): _____

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____

X
 Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing this ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <u>Lisa Butt</u>	Signature (Required) <u>Wynne S. Eason</u>
Street Address (Required) <u>303 Pears St 3F</u>	Street Address (Required) <u>401 Edwards Ave</u>
City, State and Zip (Required) <u>Bladenboro, NC 28301</u>	City, State and Zip (Required) <u>Bladenboro, N.C. 28301</u>
Date <u>10-5-18</u>	Date <u>10-5-18</u>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 106-106)

STATE OF _____
 COUNTY OF _____

Notary Public _____ Commission Expiration Date _____

NCSBE v2018.02

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BENJAMIN BALLARD
604 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
BENJAMIN BALLARD
PCT/VTB:P501/P501
11/06/2018 - GENERAL

Muni: 50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) -

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p>Signature (Required) <i>James Quinn</i></p> <p>Street Address (Required) <i>1813 Vine St.</i></p> <p>City, State and Zip (Required) <i>Elizabethtown, NC</i></p> <p>Date <i>10-4-2018</i></p>	<p>Signature (Required) <i>Lola Wooten</i></p> <p>Street Address (Required) <i>101 Lewis Dr</i></p> <p>City, State and Zip (Required) <i>Elizabethtown, NC</i></p> <p>Date <i>10/4/18</i></p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-3)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

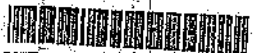
Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAROLYN M BALLARD
 266 SHORT HILLS DR
 TAR HEEL, NC 28392

DEM - BLADEN COUNTY



Ballot: G001
 CAROLYN M BALLARD
 PCT/VD: P15/P15
 11/08/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

If the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X [Signature] 10-25-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant Address of Assistant

X [Signature] Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <u>Donald Ballard</u>	Signature (Required) <u>Donna R Ballard</u>
Street Address (Required) <u>266 Short Hills Dr.</u>	Street Address (Required) <u>7010 Twisted Oaks Dr</u>
City, State and Zip (Required) <u>Tar Heel NC 28392</u>	City, State and Zip (Required) <u>Fayetteville NC 28312</u>
Date <u>10-25-18</u>	Date <u>10-25-18</u>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-30).

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 05 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

BALLARD
RT HILLS DR
NC 28392

BLADEN COUNTY

Ballot: G001

JD BALLARD

FD:P15/P15

018 - GENERAL

Muni:

Val Date

Primary Request or Runoff Request

At a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me or me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

Due to an expected illness or disability, I request that I be a request for absentee ballots for any other election held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature _____ Date 11-5-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <u>Candace Ballard</u>	Signature (Required) <u>Domonick R. Ballard</u>
Street Address (Required) <u>2166 Shethills Dr.</u>	Street Address (Required) <u>7010 Twisted Oaks Drive</u>
City, State and Zip (Required) <u>San. Hill N.C. 28392</u>	City, State and Zip (Required) <u>Fayetteville NC 28312</u>
Date <u>11-5-18</u>	Date <u>11-5-18</u>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

F BALLARD
DRT HILLS DR
EL NC 28392

BLADEN COUNTY



Ballot: G001
F BALLARD
TD P15/P15
2018 - GENERAL

Muni:

Date:

Primary Request or Runoff Request

1st & Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I request that I be a request for absentee ballots for any other election held this calendar year in which I am eligible to check the box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>Lanesh Quinn</i>	<i>Lola White</i>
Signature (Required)	Signature (Required)
<i>1813 Years St</i>	<i>108 Years DR</i>
Street Address (Required)	Street Address (Required)
<i>Elizabethton NC 28337</i>	<i>Elizabethton NC 28337</i>
City, State and Zip (Required)	City, State and Zip (Required)
<i>10-4-18</i>	<i>10/4/18</i>
Date	Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30.)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

CARNELL WILSON BARNWELL
 312 MCKOY ST
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
 CARNELL WILSON BARNWELL
 PCT/VTD: P501/P501 Muni: 50
 11/06/2018 - GENERAL

Board Approval Date:

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

P.O. Box 1524
 Address where application and ballots should be mailed
ELIZABETHTOWN, N.C. 28337

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

☒ [Redacted Signature]

Name Correction (if applicable):

10-9-18

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

☒

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Arthur Owens</i>	Signature (Required) <i>Melvin L. Chambers</i>
Street Address (Required) 320 McKoy St.	Street Address (Required) 225 Blue Moon Dr.
City, State and Zip (Required) ELIZABETHTOWN, N.C. 28337	City, State and Zip (Required) ELIZABETHTOWN, N.C. 28337
Date 10-9-18	Date 10-9-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified; and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOSEPH ANTONER BARR
 236 WHITE PLAINS CHURCH RD.
 CLARKTON, NC 28433

DEM - BLADEN COUNTY



Ballot: G002
 JOSEPH ANTONER BARR
 PCT/VD:P75/P75
 11/08/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Sign

10-28-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respect the *secrecy of the ballot and the Voter's privacy*, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
<i>Humero</i> Signature (Required)	<i>Agnes W. Miller</i> Signature (Required)
<i>123 Church St. Dr.</i> Street Address (Required)	<i>26 White Plains Ch. Rd.</i> Street Address (Required)
<i>Council 1 NC 28434</i> City, State and Zip (Required)	<i>Clarkton, NC 28433</i> City, State and Zip (Required)
<i>10/28/18</i> Date	<i>10-28-18</i> Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the *secrecy of the ballot and the privacy of the Voter*, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-3)

STATE OF NC

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHERYL ANN BASS
 135 COVENANT COVE
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: 0001

CHERYL ANN BASS

PCTA/MD:P202/P202

1/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

[Signature]
 Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

[Signature]

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request to complete the Voter Assistant Certification section.

Witness #1	Witness #2
<i>[Signature]</i> Signature (Required)	<i>[Signature]</i> Signature (Required)
401 Edwards Ave E Street Address (Required)	303 Pecan St 3F Street Address (Required)
Bladenboro, NC 28320 City, State and Zip (Required)	Bladenboro, NC 28320 City, State and Zip (Required)
10-5-18 Date	10-5-18 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, personally appeared before me, _____, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in his/her presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request to complete the Voter Assistant Certification section.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Signature of Voter (If applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHERYL ANN BASS
135 COVENANT COVE
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
CHERYL ANN BASS
PCT/VTD:P202/P202
11/05/2018 - GENERAL

Munt:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I was the secretary of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required)</p> <p><i>Kimberly S. Eason</i></p> <p>Street Address (Required)</p> <p><i>401 Edwards Ave</i></p> <p>City, State and Zip (Required)</p> <p><i>Bladenboro, NC 28320</i></p>	<p>Signature (Required)</p> <p><i>Lisa Smith</i></p> <p>Street Address (Required)</p> <p><i>303 Polan St 3F</i></p> <p>City, State and Zip (Required)</p> <p><i>Bladenboro, NC 28320</i></p>
Date: <i>10-5-18</i>	Date: <i>10-5-18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAQUAN TYRELL BAXLEY
 141 B/C M RD
 WHITE OAK, NC 28399

DEM - BLADEN COUNTY



Ballot: G004
 DAQUAN TYRELL BAXLEY
 PCT/VTD: P80/P80
 11/06/2018 - GENERAL

Muni:

Board Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter _____ Date _____

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____

X
 Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Edmund M. Bagley</i> Street Address (Required) 1511 Ecm Rd. City, State and Zip (Required) White Oak, N.C.	Signature (Required) <i>Tamela Baxley</i> Street Address (Required) 141 B/C M Rd City, State and Zip (Required) White Oak, N.C.
Date _____	Date _____

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was properly identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 1-215)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DELLA D BAXLEY
 74 DAVIS FARM RD
 ST. PAULS, NC 28384

DEM - BLADEN COUNTY



Ballot: G004
 DELLA D BAXLEY
 PCT/VTD: P60/P60
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (Required) _____ Date 1-17-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing described in the WARNING on the flap of this envelope • The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed in my presence, or caused it to be marked in the Voter's presence, or caused it to be signed in the presence of the Voter, unless I assisted the Voter at [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Sharon A. Stinson</i>	Signature (Required) <i>Ruth Perry</i>
Street Address (Required) <u>56 Davis Farm Rd.</u>	Street Address (Required) <u>277 Pages Lake</u>
City, State and Zip (Required) <u>St. Pauls NC 28384</u>	City, State and Zip (Required) <u>St. Pauls NC</u>
Date <u>10-17-18</u>	Date <u>10-17-18</u>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certification.

☒ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JILLIE BAXLEY
 M BURNEY RD
 NC 28392

ADEN COUNTY

Ballot: G004
 JILLIE BAXLEY
 P60/P60 Muni:
 8 GENERAL

Date:

Primary Request or Runoff Request

at a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

due to or expected illness or disability, I request that a request for absentee ballots for any other election held this calendar year in which I am eligible to check the box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter: [Signature] Date: 11/1/18

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <u>Karen Cain</u>	Signature (Required) <u>[Signature]</u>
Street Address (Required) <u>545 William Burney Rd</u>	Street Address (Required) <u>156 S. Giles Ford Rd.</u>
City, State and Zip (Required) <u>Tar Heel NC 28392</u>	City, State and Zip (Required) <u>Hallsboro NC 28442</u>
Date <u>11/1/18</u>	Date <u>11/1/18</u>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL JAMES BAXLEY JR
12803 NC 211 HWY W
BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001

MICHAEL JAMES BAXLEY JR
PCT/VTD: P201/P201 Muni:
11/06/2018 - GENERAL

Board Approval Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed, in respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Michael Baxley</i>	Signature (Required) <i>Shula Kimlin</i>
Street Address (Required) 1001 Boyd St	Street Address (Required) 512 Pine Ridge Lane
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10/14/18	Date 10/14/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-3)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TAMMIE BAXLEY
 141 B C M RD
 WHITE OAK, NC 28399

DEM - BLADEN COUNTY



Ballot: G004
 TAMMIE BAXLEY
 PCT/VID:P80/P80
 11/08/2018 - GENERAL

Muni:

Board Approval Date:

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Sig

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

DEBORAH MONROE 31 Cide Hatcher Rd
 Name of Assistant Address of Assistant

X Deborah Monroe
 Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
DEBORAH MONROE Signature (Required)	Deborah Monroe Signature (Required)
31 Cide Hatcher Rd Street Address (Required)	
Council NC 2018 City, State and Zip (Required)	
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-3d)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BEATTY
URE 9 RD
NC 28434
LADEN COUNTY



Ballot: G002

3 BEATTY

D:P30/P30

018 - GENERAL

Munt:

Valid Date

Primary Request or Runoff Request

that a Second Primary (or Runoff Election) is called, I am requesting that an absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

due to illness or disability, I request that on be a request for absentee ballots for any other election held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

or (if applicable)

application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot. (The witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) DEBORAH MONKE	Signature (Required) Theresa L. Potts
Street Address (Required) 21 Clyde Hatched Rd	Street Address (Required) 2181 S Elwell Ferry Rd
City, State and Zip (Required) Council NC 28434	City, State and Zip (Required) Council NC 28434
Date 11-1-18	Date 11-1-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

BEATTY
RE 9 RD
NC 28434

ADEN COUNTY



Ballot: G002

3 L BEATTY

P30/P30

Muni:

18 GENERAL

Val Date

Primary Request or Runoff Request
If a Second Primary (or Runoff Election) is called, I am requesting that an absentee application and ballot be issued to me to vote. (Check the box to receive eligible ballots.)

Request for Illness/Disability
If I am ill or expected illness or disability, I request that on be a request for absentee ballots for any other be held this calendar year in which I am eligible to Check the box to receive eligible ballots.)

er (if applicable)

application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Signature of Voter (Required)

11-1-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X *Lillie B. Beatty*
Signature of Assistant

11-1-18
Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
<i>Lillie B. Beatty</i> <small>Signature (Required)</small> <i>2439 Figure 9 Rd</i> <small>Street Address (Required)</small> <i>Cornell NC 28434</i> <small>City, State and Zip (Required)</small> <div style="text-align: right;">Date</div>	<i>Sandra Aubrey</i> <small>Signature (Required)</small> <i>4040 Roshell Rd</i> <small>Street Address (Required)</small> <i>Fayetteville NC 28431</i> <small>City, State and Zip (Required)</small> <div style="text-align: right;">Date</div>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter; Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108-30).

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALEXIS CHANAY BELL
 136 FRANK MELVIN RD
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
 ALEXIS CHANAY BELL
 PCT/VTD:P35/P35
 11/08/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

 Name Correction (if applicable)

10/24/18
 Date

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

 Name of Assistant

 Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <u>Kembel Hobson</u>	Signature (Required) <u>James Perry</u>
Street Address (Required) <u>136 Frank Melvin Rd</u>	Street Address (Required) <u>136 Frank Melvin Rd</u>
City, State and Zip (Required) <u>Elizabethtown NC 28337</u>	City, State and Zip (Required) <u>Elizabethtown NC 28337</u>
<u>10/24/18</u> Date	<u>10/24/18</u> Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the V. identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 10-6, § 108

STATE OF _____

Board/Approval Date: _____

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

 Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAMS BELL
 ARVIN ST
 THTOWN, NC 28337

BLADEN COUNTY



Ballot: G004
 WILLIAMS BELL
 D:P501/P501
 018 - GENERAL

Muni: 50

Date

Primary Request or Runoff Request

at a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

red or expected illness or disability, I request that n be a request for absentee ballots for any other held this calendar year in which I am eligible to heck the box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Patti Suggs
 Name of Assistant

2683 NC Hwy 53 W
 Elizabethtown, NC
 Address of Assistant

X Patti Suggs
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required): <i>Tristia D. Watkins</i></p> <p>Street Address (Required): <i>55 Alford Drive</i></p> <p>City, State and Zip (Required): <i>White Lake, NC 28337</i></p> <p>Date: <i>10-6-18</i></p>	<p>Signature (Required): <i>Paul W. Bull</i></p> <p>Street Address (Required): <i>3759 NC Hwy 53 W</i></p> <p>City, State and Zip (Required): <i>Elizabethtown</i></p> <p>Date: <i>10-7-18</i></p>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-39).

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RHONDA FLEMMING BELTON
 3332 JACK RICHARDSON RD
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
 RHONDA FLEMMING BELTON
 PCT/VTD:P70/P70 Muni:
 11/06/2018 - GENERAL

Board Approval Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter: _____
 Date: 10-13-18
 Name Correction (if applicable): _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant: _____ Address of Assistant: _____

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the enclosed my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 3332 Jack Richardson Rd	Street Address (Required) 33100 Jack Richardson Rd
City, State and Zip (Required) Elizabethtown, NC	City, State and Zip (Required) E. Town, N.C.
Date 10-15-18	Date 10-15-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the _____, personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. 5)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GRAHAM BENNERMAN
ARCADIA RD
DOD: NC 28456

ADEN COUNTY



Ballot: G002
RIS GRAHAM BENNERMAN
TD: P30/P30 Munt:
2018 - GENERAL

Valid Date:

Primary Request or Runoff Request

that a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

needed or expected illness or disability, I request that I be a request for absentee ballots for any other be held this calendar year in which I am eligible to Check the box to receive eligible ballots.)

ter (if applicable)

application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Sign

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
36 Dickson Rd. Street Address (Required)	36 Dickson Rd. Street Address (Required)
Riegelwood NC 28456 City, State and Zip (Required)	Riegelwood, NC 28456 City, State and Zip (Required)
10-25-18 Date	10/25/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified; and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KE BENNETT
 DE CIR
 RO, NC 28320

ADEN COUNTY



Ballot: G001
 LAKE BENNETT
 P202/P202
 8 - GENERAL

Muni:

Valid Date: 11/2/18

Primary Request or Runoff Request
 that a Second Primary (or Runoff Election) is called, I am requesting that an absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I request that on the basis of a request for absentee ballots for any other be held this calendar year in which I am eligible to Check the box to receive eligible ballots.)

(If applicable)

and Drive Raleigh NC 27603
 application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*).

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*).

X

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 712 Teller Street	Street Address (Required) 5525 Maggie Run Lane
City, State and Zip (Required) Raleigh, NC 27603	City, State and Zip (Required) Ft. Wayne, IN 47106
Date 11/2/18	Date 11/2/18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (R.S. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

WARD BENTON
ROAD ST
THTOWN, NC 28337

LADEN COUNTY



Ballot: G005
WARD BENTON
VTD:P502/P502
6/20/18 - GENERAL

Muni: 60

Valid Date: 6/20/18

Primary Request or Runoff Request

If that a Second Primary (or Runoff Election) is called, at an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

If I am ill or have a disability, I request that a request for absentee ballots for any other election be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Other (if applicable)

Application and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required): 

Date: 11-2-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Samantha Benton Davis</i>	Signature (Required) <i>Franklin Barty</i>
Street Address (Required) 312 Pine Ridge Circle	Street Address (Required) 2710 E. Broad St
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Elizabeth NC 28327
Date 11-2-18	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Exhibit 4-2.6.2.1.1

43 of 796

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMIN CRAIG BENTON
FINE RIDGE CIR
DENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
ENJAMIN CRAIG BENTON
CT/MTD:P201/P201
1/06/2018 - GENERAL

Muni: 20

Approval Date: 9-27-18

and Primary Request or Runoff Request

In event that a Second Primary (or Runoff Election) is called, just that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballots.)

ual Request for Illness/Disability

To continued or expected illness or disability, I request that application be a request for absentee ballots for any other ions to be held this calendar year in which I am eligible to pates. (Check the box to receive eligible ballots.)

re of Voter (if applicable)

s where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

X
Signature of Voter (Required) 9-27-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Anthony A. Jk	Signature (Required) James J. Stead
Street Address (Required) 303 PECAN ST (2-H)	Street Address (Required) 303 PECAN ST 2F
City, State and Zip (Required) BLADENBORO NC 28320	City, State and Zip (Required) Bladenboro N.C. 28320
Date 9-27-18	Date 9-27-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30.)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) a person who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 09 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TIMOTHY BENTON JR
E RIDGE CIR
VBORO, NC 28320

BLADEN COUNTY



Ballot: G001
RTIS TIMOTHY BENTON JR
/VTD: P201/P201 Muni: 20
10/20/18 GENERAL

Ballot Date: _____

Primary Request or Runoff Request
(that a Second Primary (or Runoff Election) is called, at an absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
(due to or expected illness or disability, I request that there be a request for absentee ballots for any other election held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification),

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter: _____
Date: 6 OCT 18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant: _____ Address of Assistant: _____
Signature of Assistant: _____ Date: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Justin Timothy Benton</i>	Signature (Required) <i>Timothy A. Benton</i>
Street Address (Required) 246 LEE STREET	Street Address (Required) 246 Lee St.
City, State and Zip (Required) BLADENBORO, N.C. 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-6-18	Date 10/6/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 103-30)

STATE OF _____ SEAL
COUNTY OF _____
Notary Public Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CRAIG BENTON
 ROAD ST
 HTOWN, NC 28337

LADEN COUNTY



Ballot: G005
 KLIN CRAIG BENTON

TD:P502/P502 Muni: 50
 2018 - GENERAL

Valid Date: 11-2-18

Primary Request or Runoff Request
 I request that a Second Primary (or Runoff Election) be called, so that an absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I request that I be a request for absentee ballots for any other be held this calendar year in which I am eligible to Check the box to receive eligible ballots.)

or (if applicable)

application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

[Signature of Voter]

11-2-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Samantha Beth Deering	Signature (Required) Amanda Ward Benton
Street Address (Required) 312 Pine Ridge Circle	Street Address (Required) 2710 E. Broad St
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) F. Raleigh NC 28357
Date 11-2-18	Date 11-2-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30.)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

AVANT BENTON
ST
BORO, NC 28320

BLADEN COUNTY



Ballot: G001
A AVANT BENTON
D:P201/P201
018 - GENERAL

Muni:

Validate

Primary Request or Runoff Request
 that a Second Primary (or Runoff Election) is called, then absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 need or expected illness or disability, I request that on be a request for absentee ballots for any other be held this calendar year in which I am eligible to Check the box to receive eligible ballots.)

er (if applicable)

pplication and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature: _____ Date: 10-1-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Charles Timothy Benton</i> CHARLES TIMOTHY BENTON	Signature (Required) <i>Benjamin Cuy Benton</i> BENJAMIN CUY BENTON
Street Address (Required) 246 LEE ST.	Street Address (Required) 312 PINE RIDGE CIRCLE
City, State and Zip (Required) BLADENBORO, N.C. 28320	City, State and Zip (Required) BLADENBORO, N.C. 28320
Date 10-1-18	Date 10-1-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

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STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THOMAS GEARLD BERRY
 303 PECAN ST. #3H
 BLADENBORO, NC 28320

DEM - BLADEN COUNTY



Ballot: G001
 THOMAS GEARLD BERRY
 PCT/VD:P202/P202 - Muni: 20
 11/06/2018 - GENERAL

Board Approval Date

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10-23-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence, according to his/her instructions. I signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the Voter and the Voter's privacy, unless I assisted the Voter at his/her request. (Complete Voter Assistant Certification section.)

Witness #1	Witness #2
3746 Twisted Hike Rd	303 Pecan St #3F
Bladenboro NC 28337	Bladenboro NC 28337
10/23/18	10-23-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in his/her presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request. (Complete Voter Assistant Certification section.)

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF

COUNTY OF

Notary Public

Commission Expires

NCSBE v2018.02

Absentee Application and Certificate

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The following people are **PROHIBITED** from signing the Witnesses' Certification:

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

AMONA TANN BETHEA
65 NC 211 HWY W
ADENBORO, NC 28320

EM - BLADEN COUNTY



Ballot: G001
RAMONA TANN BETHEA
PCT/VTD: P10/P10
11/06/2018 GENERAL

Muni:

Approval Date:

Second Primary Request or Runoff Request

In event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me (mailed to me). (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

I am continuing or expected illness or disability. I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote (mailed to me). (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) [Signature] Date 10/23/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <u>Cingis John Bethea</u>	Signature (Required) <u>John Arlie Bethea</u>
Street Address (Required) <u>20 Acadiana Drive</u>	Street Address (Required) <u>6365 211W</u>
City, State and Zip (Required) <u>Packton, N.C. 28371</u>	City, State and Zip (Required) <u>Bondelino, NC 28146</u>
Date <u>10/23/18</u>	Date <u>10/23/18</u>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

AMBER NICOLLE BILLS
 14970 NC 242 HWY S.
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: 0001
 AMBER NICOLLE BILLS
 PGT/VTD:P201/P201
 11/08/2018 - GENERAL

Munt:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

X
 Signature of Voter (Required) [Signature] Date 10/25/2018

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____ Address of Assistant _____

X
 Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<u>[Signature]</u> Signature (Required) <u>14970 NC 242 HWY South</u> Street Address (Required) <u>Bladenboro, NC 28320</u> City, State and Zip (Required)	<u>[Signature]</u> Signature (Required) <u>371 Sunset Dr N</u> Street Address (Required) <u>Bladenboro NC 28320</u> City, State and Zip (Required)
Date <u>10/25/2018</u>	Date <u>10/25/2018</u>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared _____, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respect the secrecy of the ballot and the of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

(NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE 52018-02

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CINDY LAWANDA BLANKS
 754 CLYDE HATCHER RD
 COUNCIL, NC 28434

DEM - BLADEN COUNTY



Ballot: G002
 CINDY LAWANDA BLANKS
 PCT/VD: P75/P75
 11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
 Sign

10-20-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p><i>Smith Gromator</i> Signature (Required)</p> <p>754 Clyde Hatcher Rd. Street Address (Required)</p> <p>Council NC 28434 City, State and Zip (Required)</p> <p>10-20-18 Date</p>	<p><i>W. W. W. W.</i> Signature (Required)</p> <p>123 Charles Dr. Street Address (Required)</p> <p>Council, NC City, State and Zip (Required)</p> <p>10/20/18 Date</p>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-3d)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GUY LAVAR BLANKS
 754 CLYDE HATCHER RD.
 COUNCIL, NC 28434

DEM - BLADEN COUNTY



Ballot: G002
 GUY LAVAR BLANKS
 PCT/VTD:P75/P75
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature: _____ Date: _____

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: _____ Address of Assistant: _____

X
 Signature of Assistant: _____ Date: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Antonia Cromatic</i>	Signature (Required) <i>James E. ...</i>
Street Address (Required) <i>754 Clyde Hatcher Rd</i>	Street Address (Required) <i>123 Church St. Dr</i>
City, State and Zip (Required) <i>Council, NC 28434</i>	City, State and Zip (Required) <i>Council, NC</i>
Date <i>10-20-18</i>	Date <i>10/20/18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-307.)

STATE OF _____
 COUNTY OF _____

Notary Public: _____ Commission Expiration Date: _____

SEAL

NCSBE v2018.02

Board Approval Date: _____

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable): _____

Address where application and ballots should be mailed: _____

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Board Approval Date:

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

- ☐ a notary public (the notary must complete **Option 2** of the 'Witnesses'

X
Signature of Voter (Required)

10/19/18

Name Correction (if applicable)

I certify that: • This voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____

X
Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot my presence; or caused it to be marked in the Voter's presence according to his/her instructions • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>[Signature]</i>	<i>[Signature]</i>
Signature (Required)	Signature (Required)
41481 Bilmore Court	22337 E. 28th Ave.
Street Address (Required)	Street Address (Required)
Leesburg, VA 20155	Crofton, MD
City, State and Zip (Required)	City, State and Zip (Required)
10/14/18	10/14/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, the _____
identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the V
presence according to his/her instruction. The Voter signed this Absentee Application and Certificate
caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ball
described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the pr
of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. 6-16)

STATE OF _____
COUNTY OF _____

Notary Public _____
Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 27 2018

TIME REC'D BY

LUKE ANDERSON BOBBEY
 12351 NC 53 HWY W
 WHITE OAK, NC 28399

REP - BLADEN COUNTY



Ballot: G004
 LUKE ANDERSON BOBBEY
 PCT/VD:P80/P80 Muni:
 11/06/2018 GENERAL

Board Approval Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

☒ Signature Date 10/18/18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

☒ Signature Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Joseph D. Bickel</i>	Signature (Required) <i>Seth V. Meroggo</i>
Street Address (Required) <i>1026 Persette</i>	Street Address (Required) <i>2109 Joshua Tree Trl</i>
City, State and Zip (Required) <i>Rockester, MN 55904</i>	City, State and Zip (Required) <i>McKinney, TX 75070</i>
Date <i>10/18/18</i>	Date <i>10/18/18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 10.S. § 101

STATE OF _____

COUNTY OF _____

Notary Public Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local office, and who is not the voter's near relative; and (3) an individual who holds office in a state, congressional, district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TIME _____ DATE _____
BLADEN CO. LD. OF ELECTIONS

JONATHAN RYAN BORDEAUX
8104 NC 41 HWY W
BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001

JONATHAN RYAN BORDEAUX
PCT/MTD:P15/P15 Muni:
11/08/2018 - GENERAL

Board Approval Date: _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

8104 NC HWY 41 W

Bladenboro NC 28320

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

J. Bordeaux
Signature (Required)
8104 NC HWY 41 W
Street Address (Required)
Bladenboro NC 28320
City, State and Zip (Required)
10/5/18
Date

J. Long
Signature (Required)
1000 North Main Street
Street Address (Required)
Bladenboro NC 28320
City, State and Zip (Required)
10/5/18
Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. J.G.S. § 10B-30

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

LINDA IRENE BORDEAUX
 1835 CENTER RD
 BLADENBORO, NC 28320

(UNA - BLADEN COUNTY)



Ballot: G001
 LINDA IRENE BORDEAUX
 PCT/VTD: P16/P15
 11/06/2018 - GENERAL

Mun:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses

(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Address (Required)

Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness

(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter

identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and attesting a material sent to an absentee ballot application or certificate. (G.S. § 163-109)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEA

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 27 2018

MORGAN PAIGE BORDEAUX
 8104 NC 41 HWY W
 BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
 MORGAN PAIGE BORDEAUX
 PCT/VD:P15/P15 Muni:
 11/06/2018 - GENERAL

Board Approval Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

10/5/18

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 8104 NC Hwy 41 W	Street Address (Required) 600 North Main St
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10/5/18	Date 10/5/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. J.S.G.'s 106

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to receive eligible ballots.

Signature of Voter (if applicable)

8104 NC Hwy 41 W

Address where application and ballots should be mailed

Bladenboro NC 28320

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

STEVE YATES BORDEAUX
 1835 CENTER RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 STEVE YATES BORDEAUX
 PCT/VD: P15/P16 Muni:
 11/08/2018 GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ a notary public

OR

of the witnesses

X
 Signature

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence; or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate; or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)
 JAMES R. SINGLET

Signature (Required)
 LISA BRIDGES

Street Address (Required)
 P.O. BOX 688 FAULK RD

Street Address (Required)
 303 Pagan St 3F

City, State and Zip (Required)
 BLADENBORO, NC 28320

City, State and Zip (Required)
 Bladenboro, NC

Date
 9-27-18

Date
 9-27-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter

identified; and in my presence, the voter marked the enclosed ballot; or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate; or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I repeated the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. 1-23)

STATE OF

COUNTY OF

Notary Public

Commission Expiration Date

NCSBE v2018.02

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEE BOWEN JR
ST ARCADIA RD
WOOD, NC 28456

BLADEN COUNTY



Ballot: G002
VARD LEE BOWEN JR
VTD: P30/P30 Muni: 30
6/2018 - GENERAL

Valid Date: 6/20/2018

Primary Request or Runoff Request

If this is a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

If I am unable to appear for the election because of illness or disability, I request that a request for absentee ballots for any other election be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

(If applicable)

The application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (If applicable)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>Carol Graham</i>	<i>Bonnie Rothwell</i>
Signature (Required)	Signature (Required)
<i>54 Dickson Rd.</i>	<i>1017 East Arcadia Rd</i>
Street Address (Required)	Street Address (Required)
<i>Piedmont NC 27616</i>	<i>Rosewood N.C. 28456</i>
City, State and Zip (Required)	City, State and Zip (Required)
<i>10-30-18</i>	<i>10-30-18</i>
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

NATHAN BOWEN JR
 554 GRAHAM RD
 RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY



Ballot: G002
 NATHAN BOWEN JR
 PCT/MTD/P30/P30
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of voter (in queue) _____ Date 10-24-18

Name Correction (if applicable): _____

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Darlene Bowen 554 Graham Rd
 Name of Assistant Address of Assistant

X Darlene Bowen 10-24-18
 Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<u>Darlene Bowen</u> Signature (Required) <u>625 East Angelia Rd Riegelwood</u> Street Address (Required) <u>Riegelwood NC 28456</u> City, State and Zip (Required) <u>10-24-18</u> Date	<u>Wanda Davis</u> Signature (Required) <u>770 East Angelia Rd</u> Street Address (Required) <u>Riegelwood NC 28456</u> City, State and Zip (Required) <u>10-24-18</u> Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 2018, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respect the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section)

NOTE: A notary may not charge any fee for witnessing and attesting to a voter's signature on this certificate. (G.S. § 163-30)

STATE OF _____
 COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JEAN FAYE BOWEN
LUTHER-BRISSON RD
DENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
JEAN FAYE BOWEN
CTN/FD:P202/P202
1/06/2018 - GENERAL

Muni:

Application Date:

Second Primary Request or Runoff Request

Even if a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I request that I be allowed to vote absentee because of illness or disability. I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Use of Voter (If applicable)

is where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me) according to my instructions in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Signature of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Woody D. Hester</i>	Signature (Required) <i>Wesley Edwards</i>
Street Address (Required) 371 Sunset Park Rd	Street Address (Required) 151 Luther Brisson Rd
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10/31/18	Date 10-31-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____
COUNTY OF _____
Notary Public
Commission Expiration Date: _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AMES MICHAEL BREWINGTON
05 E. ELM ST.
BLADENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
JAMES MICHAEL BREWINGTON
PCT/VD:P201/P201 Muni: 20
11/06/2018 - GENERAL

Approval Date

Second Primary Request or Runoff Request

Whenever a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

☒ Signature of Voter: [Redacted] Date: 10-18-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

☒ Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 122 Browns Ford Rd	Street Address (Required) 2818 Parkview Dr.
City, State and Zip (Required) Cumberland VA 23040	City, State and Zip (Required) Vinton Va 24179
Date 10-19-2018	Date 10/19/2018

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-36)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANNIE ROSE LITTLE BRISSON
 142 BRISSON RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 ANNIE ROSE LITTLE BRISSON
 PCT/VTD: P15/P15 Muni:
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR
- ☐ a notary public (the notary Certification)
- X
 Sign.

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Annie Rose Brissan</i>	Signature (Required) <i>Deborah Johnson</i>
Street Address (Required) <i>142 Brissan Rd</i>	Street Address (Required) <i>1075 Pleasant</i>
City, State and Zip (Required) <i>Bladenboro, NC, 28320</i>	City, State and Zip (Required) <i>Bladenboro NC</i>
Date <i>10-24-18</i>	Date <i>10-24-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 109-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Signature of Voter (if applicable)

Address where application and ballots should be mailed

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EDGAR WILLIAM BRISSON
 142 BRISSON RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 EDGAR WILLIAM BRISSON
 PCTV/TD:P15/P15 Muni:
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification),

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
 Signature

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Annie R. Brisson</i>	Signature (Required) <i>Osler Adkins</i>
Street Address (Required) <i>142 Brisson Rd</i>	Street Address (Required) <i>1075 Pleasant St</i>
City, State and Zip (Required) <i>Bladenboro NC 28320</i>	City, State and Zip (Required) <i>ChRc</i>
Date <i>10-24-18</i>	Date <i>10-24-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-36)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

NCSBE v2018.02

Board/Approval Date

☒ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GRADY COLE BRISSON
 142 BRISSON RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 GRADY COLE BRISSON
 PCT/VTD: P15/P15
 11/06/2018 - GENERAL

Muni:

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter, voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

SI

11-24-18
 Date

Name Correction (if applicable):

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Grady Cole Brisson</i>	Signature (Required) <i>Clayton Johnson</i>
Street Address (Required) 142 Brisson Rd	Street Address (Required) 1015 N. 1st St.
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Church Rd
Date 10-24-18	Date 10-24-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEA

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JIMMY LEE BRISSON
 414 SASHE ST
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 JIMMY LEE BRISSON
 PCT/MTD/P201/P201
 11/06/2018 - GENERAL

Muni: 20

Board Approval Date

☒ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check this box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote.

Signature of Voter (if applicable)

P.O. Box 1266 Bladenboro, NC
 Address where application and ballots should be mailed

28320

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

10-16-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Deborah B. Edwards	Phyllis A. Brison
Signature (Required)	Signature (Required)
157 Miller Brison Rd	P.O. Box 1266 414 Ashe
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Bladenboro, NC 283
City, State and Zip (Required)	City, State and Zip (Required)
10-16-18	10-16-18
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 160-3)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

LLIS CARROLL BRISSON
WASHE ST
DENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
LLIS CARROLL BRISSON
VTD: P201/P201 Muni: 20
6/2018 - GENERAL

Approval Date: _____

Primary Request or Runoff Request
I certify that a Second Primary (or Runoff Election) is called, and that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
I am continuing or expected illness or disability, I request that I be allowed to request absentee ballots for any other election to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

LLIS CARROLL BRISSON
here application and ballots should be mailed

28320

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
Sign

12-16-18
Date

Name Correction (if applicable) _____

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant

Date _____

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>Deborah B Edwards</i> Signature (Required)	<i>LLIS BRISSON</i> Signature (Required)
<i>157 Wilber Brissan Rd</i> Street Address (Required)	<i>PO Box 1266</i> Street Address (Required)
<i>Bladenboro NC 28320</i> City, State and Zip (Required)	<i>Bladenboro, N.C. 28320</i> City, State and Zip (Required)
<i>10-16-18</i> Date	<i>10-16-18</i> Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Brought in By Voter

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BILLY RAY BRITT
145 ED SESSOMS RD
CLARKTON, NC 28433

REP - BLADEN COUNTY



Ballot: G001
BILLY RAY BRITT
PCT/VD:P501/P501
11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Sign

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Billy Ray Britt</i>	Signature (Required) <i>Wanda Lee Britt</i>
Street Address (Required) 57 Ed Sessoms Rd	Street Address (Required) 145 Ed Sessoms Rd
City, State and Zip (Required) Clarkton NC 28433	City, State and Zip (Required) Clarkton NC 28433
Date 9/28/18	Date 9/28/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate, [G.S. _____]

STATE OF

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

INTITUS BRITT
EASANT GROVE CHURCH RD
ENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
ON TITUS BRITT
/TD:P15/P15
/2018 - GENERAL

Muni:

Valid Date:

Primary Request or Runoff Request

I request that a Second Primary (or Runoff Election) be called, at an absentee application and ballot be issued to me (to me). (Check the box to resolve eligible ballots.)

Request for Illness/Disability

I request that, due to illness or disability, I request that I be held this calendar year in which I am eligible to vote. (Check the box to resolve eligible ballots.)

Name (if applicable):

Application and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Richard M. Moll</i>	Signature (Required) <i>John H. Moll</i>
Street Address (Required) <i>44 Eastway Court</i>	Street Address (Required) <i>250 West Lane</i>
City, State and Zip (Required) <i>Maryland OH 43027</i>	City, State and Zip (Required) <i>Florida Pensacola, FL 32503</i>
Date <i>10/29/18</i>	Date <i>10/29/18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: Identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 103-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Brought in By Pa

EVAN RAY BRITT
 145 ED SESSOMS RD
 CLARKTON, NC 28433

UNA - BLADEN COUNTY



Ballot: G001
 EVAN RAY BRITT
 PCT/VTD: P501/P501
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the witnesses' Certification)

Signature of Voter: *[Signature]* Date: *11/18/18*

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Billy Ray Britt</i>	Signature (Required) <i>Wanda Lee Britt</i>
Street Address (Required) <i>145 Ed Sessoms Rd</i>	Street Address (Required) <i>145 Ed Sessoms Rd</i>
City, State and Zip (Required) <i>Clarkton, NC 28433</i>	City, State and Zip (Required) <i>Clarkton, NC 28433</i>
Date <i>11-18-18</i>	Date <i>11-18-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instructions. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10-10)

STATE OF

Signature of Voter (if applicable)

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State or local elective office; and (3) an individual who holds office in a State congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GRAHAM TYLER BRITT
145 ED SESSOMS RD
CLARKTON, NC 28433

UNA - BLADEN COUNTY



Ballot: G001
GRAHAM TYLER BRITT
PCT/VD:P501/P501
11/06/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

145 Ed Sessoms Rd, Clarkton, NC
Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
Signature

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Wanda Bittel	Billy Ray Bittel
Signature (Required)	Signature (Required)
145 Ed Sessoms Rd	145 Ed Sessoms Rd
Street Address (Required)	Street Address (Required)
Clarkton NC 28433	Clarkton NC 28433
City, State and Zip (Required)	City, State and Zip (Required)
10/25/18	10/25/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot; or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (S.S. § 10B-90)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE Y2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters, a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LISA MICHELLE BRITT
 303 PECAN ST # 3F
 BLADENBORO, NC 28320

REP. BLADEN COUNTY



Ballot: G001
 LISA MICHELLE BRITT
 PCT/VTD: P202/P202
 11/08/2018 - GENERAL

Muhl: 20

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the presence of the voter on the flap of this envelope. The voter marked the ballot in my presence; or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed in the presence of the voter and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Sanelma Dowless Signature (Required) 303 Pecan St 3F Street Address (Required) Bladenboro NC 28320 City, State and Zip (Required)	Beverly J. J. Signature (Required) 303 Pecan St 3F Street Address (Required) Bladenboro NC 28320 City, State and Zip (Required)
Date: 9-28-18	Date: 9-28-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, personally appeared _____, who was identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the presence of the voter on the flap of this envelope. I respected the secrecy of the ballot, and of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WANDA LEE BRITT
 145 ED/SESSOMS RD
 CLARKTON, NC 28433

UNA - BLADEN COUNTY



Ballot: G001
 WANDA LEE BRITT
 PCT/MTD:P501/P501
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

10/24/2018
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Wanda Lee Britt</i>	Signature (Required) <i>Patricia Lussie</i>
Street Address (Required) 145 Ed/Seessoms Rd	Street Address (Required) 160 Soap Hair Rd
City, State and Zip (Required) Clarkton NC 28433	City, State and Zip (Required) Elizabeth Town, NC
Date 10-25-18	Date 10/25/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Board Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELIZABETH BROWN

SON RD # 18

WOOD, NC 28456

SLADEN COUNTY



Ballot: G002

NNIE ELIZABETH BROWN

F/VTD: P30/P30

Muni: 30

16/2018 - GENERAL

Invalid Date

Primary Request or Runoff Request

If a Second Primary (or Runoff Election) is called, let an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I am ill or have a disability. I request that a request for absentee ballots for any other election be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Signature of Voter (Required) *Elizabeth Brown* Date *11/1/18*

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete the Option 2 of the Witnesses' Certification)

Signature of Voter (Required) *Elizabeth Brown* Date *11/1/18*

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Michelle Godwin</i>	Signature (Required) <i>Joshua Brown</i>
Street Address (Required) <i>42 Satter Rd</i>	Street Address (Required) <i>824 Breckinridge Dr</i>
City, State and Zip (Required) <i>Pinebluff, NC 28456</i>	City, State and Zip (Required) <i>Pinebluff, NC 28456</i>
Date <i>11/1/18</i>	Date <i>11/1/18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30)

STATE OF _____
COUNTY OF _____
Notary Public _____
Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOI CASSANDRA BROWN
 356 HAPPY VALLEY RD
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
 JOI CASSANDRA BROWN
 PCT/VD:P501/P501 Muni:
 11/06/2018 - GENERAL

Board/Approve/Validate

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

10/26/18

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Sandra Brown</i>	Signature (Required) <i>Lola Wooten</i>
Street Address (Required) 1813 Vine St	Street Address (Required) 108 Lewis Dr
City, State and Zip (Required) Elizabeth NC 28337	City, State and Zip (Required) Elizabeth NC 28337
Date 10-27-18	Date 10/27

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was properly identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 1-202)

STATE OF

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MARIE BROWN
 4832 LISBON RD
 CLARKTON, NC 28433

DEM - BLADEN COUNTY



Ballot: G002
 MARIE BROWN
 PCT/MTD:P75/P75
 11/06/2018 - GENERAL

Muni:

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction, and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 123 Charles Dr	Street Address (Required) 4832 Lisbon Rd
City, State and Zip (Required) Clarkton, NC 28434	City, State and Zip (Required) Clarkton, N.C.
Date 10/16/18	Date 10-16-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a material seal to an absentee ballot application or certificate. (U.S.S. § 105-3)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARIE A BROWN
 9236 CHICKENFOOT RD
 ST. PAULS, NC 28384

UNA - BLADEN COUNTY



Ballot: G004
 MARIE A BROWN
 PCT/VTD: P60/P60
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

X

Signature of Voter (Required)

10/18/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>William H. Whitted</i>	Signature (Required) <i>LL Lipton</i>
Street Address (Required) 5464 CHICKEN FT RD	Street Address (Required) 9236 Chickenfoot Rd
City, State and Zip (Required) 28384 ST PAULS, NC	City, State and Zip (Required) 28384 ST. Pauls, NC
Date 10/18/18	Date Oct 18, 2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-31)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

NCSBE v2018.02

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL THURMAN BROWN
 916 JOEL ST.
 ELIZABETHTOWN, NC 28337

DEM. BLADEN COUNTY



Ballot: G003
 MICHAEL THURMAN BROWN
 PCT/VD:P501/P501 Muni: 50
 11/06/2018 GENERAL

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature

10/4/18

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) <i>[Address]</i>	Street Address (Required) <i>[Address]</i>
City, State and Zip (Required) <i>[City, State and Zip]</i>	City, State and Zip (Required) <i>[City, State and Zip]</i>
Date <i>[Date]</i>	Date <i>[Date]</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-3)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WIGHT BROWN JR
MARTIE LN
NC 28434

ADEN COUNTY



Ballot: G002
R DWIGHT BROWN JR
ID: P75/P75 Muni:
2018 GENERAL

Signature of Voter (Required)

Primary Request or Runoff Request
I certify that a Second Primary (or Runoff Election) is called, at an absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
I request that I be a request for absentee ballots for any other be held this calendar year in which I am eligible to (Check the box to receive eligible ballots.)

Application (if applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) _____ Date _____

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Daniel Jones</i>	Signature (Required) <i>Wendy</i>
Street Address (Required) 770 Clyde Haskins Rd	Street Address (Required) 123 Charles Dr
City, State and Zip (Required) Covington, NC 28434	City, State and Zip (Required) Covington, NC 28434
Date 10/26/18	Date 10/28/18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, _____, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 100-30.)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 1

The following people are PROHIBITED from signing the Witnesses
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home
 facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY FAYE BROWN
 128 S ASHE ST
 BLADENBORO, NC 28320
 REP - BLADEN COUNTY

Ballot: G001
 SHIRLEY FAYE BROWN
 PCT/VTD:P201/P201 Muni: 20
 11/06/2018 - GENERAL

Board Approval Date

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter: U U
 Name Correction (if applicable)

9-27-18
 Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witness

I certify that described in my presence. The Voter signed the secrecy (complete V)

Signature (Required)
 3034
 Street Address (if applicable)
 Bladen
 City, State and Zip

I certify that: I identified, and in presence accompanied it to be described in the of the Voter, or

NOTE: A notary public

STATE OF
 COUNTY OF

NCSBE Y2018.02

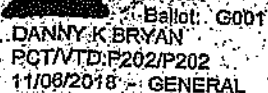
Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and; (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

UNA - BLADEN COUNTY



Münster

Final Approval Email

Information (required)
 I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application.
 All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in this party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OF

OR
☐ If notary publishes, the notary must administer **Option 2 of the Witnesses**

Signature of Intermediary

2316

Name Correction (if applicable)

1 I certify that: 1 The voter requested my assistance; 1 I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate; 1 I assisted the voter only in the voter's presence; 1 I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant

Date _____

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: - I am at least 18 years old - I am not disqualified from witnessing as described in the WARNING on the flap of this envelope - The Voter marked the envelope in my presence, or caused it to be marked in the Voter's presence according to his/her instructions - The Voter signed this Absentee Application and Certificate or caused it to be signed - I witnessed the Voter sign the ballot and the Voter's privacy, unless assisted the Voter at his/her request - I am not a candidate for any office in this election - I am not a member of the clergy - I am not a Notary Public (a Notary Public is the Witness)

Writings of

100

Winters #2 12-1-61
Lump & Eason R. O. K. 12-1-61

401 Edwards Ave
Street Address (Required)

Bladenboro, NC 28532

10-11-18
Date

1992

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, I was personally present at the election where the Voter signed his/her name to the enclosed ballot. If the Voter did not appear before me, I am not qualified from witnessing the signing of the ballot. If the Voter appeared before me, I am not disqualified from witnessing the signing of the ballot if the Voter is at least 18 years old, is not under legal disability, and is not prohibited by law from voting. I have inspected the secrecy of the ballot and the contents of the envelope.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (CJRS 10-1-2018)

COUNTY OF _____

Notary Public	Commission Expires
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NOSBE-V2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STACIE LEWIS BRYAN
190 J HILL ACRES RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
STACIE LEWIS BRYAN
PCT/VD: P202/P202
11/06/2018 - GENERAL

Muni:

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy. Unless I assisted the Voter at his/her (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Kevin Lewis</i>	Signature (Required) <i>Stacie Lewis</i>
Street Address (Required) 5218 Marsh Rd	Street Address (Required) 190 J Hill Acres Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-9-18	Date 10/21/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 7A.S.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

190 J Hill Acres Rd
Address where application and ballots should be mailed
Bladenboro NC 28320

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Y ADAM BRYAN
L L AGRES RD
IBORO, NC 28320

BLADEN COUNTY



Ballot: G001
Y ADAM BRYAN
TD: P202/P202
2018 - GENERAL

Muni:

Signature

Primary Request or Runoff Request

(that a Second Primary (or Runoff Election) is called, at an absentee application and ballot be issued to me to me) (Check the box to receive eligible ballots.)

Request for Illness/Disability

(due to or expected illness or disability, I request that I not be a request for absentee ballots for any other election held this calendar year in which I am eligible to vote) (Check the box to receive eligible ballots.)

Signature (if applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature

10/30/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate* • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
190 J Hill Acres Rd Street Address (Required)	5418 Marsh Rd Street Address (Required)
Bladenboro NC 28320 City, State and Zip (Required)	Bladenboro NC 28320 City, State and Zip (Required)
10-31-18 Date	10-31-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 103-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Affix NON-BARCODE

Label HERE



Ballot: G001

WAYNE R. BRYAN

PCT/VD: P202/P202

Muni:

11/08/2018 GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of Voter
 Name Correction (if applicable)

Date: 11-18

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Lisa Britt</i>	Signature (Required) <i>James R. Singleton</i>
Street Address (Required) 303 Pican St 3F	Street Address (Required) 1216 WEBB RD
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) BLADENBORO NC 28320
Date 9-29-18	Date 9-29-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-36)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Ballot Approval Date

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the form:

ers: a candidate; UNLESS the candidate is a

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Contributions	Expenses
---------------	----------

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

E BRYANT
EN BLANKS RD
WOOD, NC 28456

LADEN COUNTY



Ballot: G002
ILEY E BRYANT
VTD P30/P30
3/2018 - GENERAL

Muni: 30

by date:

Primary Request or Runoff Request
that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
I request that I be issued an absentee ballot for any other reason. (Check the box to receive eligible ballots.)

Signature of Assistant:

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>Sabrina Bryant</i> Signature (Required)	<i>Carol Graham</i> Signature (Required)
902 Bowen Blanks Rd Street Address (Required)	84 Dickson Rd Street Address (Required)
Riegelwood NC, 28456 City, State and Zip (Required)	Riegelwood NC City, State and Zip (Required)
10-31-18 Date	10-31-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30.)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY STOCKS BUIE
315 FOREST DR
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

Ballot: G001
MARY STOCKS BUIE
PCT/VD:P201/P201 Munl: 20
11/06/2018 - GENERAL

- ☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)
- ☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an **Unaffiliated** voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete _____)

Signature of Voter (Required) _____ Date: 9-27-18

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the presence of the voter in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the voter and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <u>Carolyn Ellis</u>	Signature (Required) <u>Deborah B. Edwards</u>
Street Address (Required) <u>158 Stepping Stone Ln.</u>	Street Address (Required) <u>158 Stepping Stone Ln.</u>
City, State and Zip (Required) <u>Bladenboro, N.C. 28320</u>	City, State and Zip (Required) <u>Bladenboro, N.C. 28320</u>
Date <u>9-27-18</u>	Date <u>9-27-18</u>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in his/her presence according to his/her instruction. The voter signed this Absentee Application and Certificate in my presence. I am at least 18 years old. I am not disqualified from witnessing the presence of the voter in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

(1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public who is not disqualified by law to witness the casting of my absentee ballot (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

2-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instructions; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing on the basis of my relationship to the voter. I am not disqualified from witnessing on the basis of my presence, or caused it to be marked in this envelope. The voter marked the enclosed ballot in my presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the voter and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p><i>Carolyn Ellis</i></p> <p>Signature (Required)</p> <p><i>153 Stepping Stone Ln</i></p> <p>Street Address (Required)</p> <p><i>Bladenboro, N.C. 28320</i></p> <p>City, State and Zip (Required)</p>	<p><i>Deborah B. Edwards</i></p> <p>Signature (Required)</p> <p><i>157 Harbor View</i></p> <p>Street Address (Required)</p> <p><i>Bladenboro, N.C.</i></p> <p>City, State and Zip (Required)</p>
<p><i>9-27-18</i></p> <p>Date</p>	<p><i>9-27-18</i></p> <p>Date</p>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in his/her presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing on the basis of my relationship to the voter. I am not disqualified from witnessing on the basis of my presence, or caused it to be marked in this envelope. The voter marked the enclosed ballot in my presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the voter and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for this service.

STEPHEN ALEXANDER BUIE
 315 FOREST DR
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 STEPHEN ALEXANDER BUIE
 PCT/VD:P201/P201 Muni: 20
 11/06/2018 - GENERAL

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CONNIE DONETTE BULLARD
 63 KELLY ST
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 CONNIE DONETTE BULLARD
 PCT/VD:P201/P201
 11/06/2018 - GENERAL Muni: 20

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

Signature of Voter (if applicable)
 63 Kelly St Bladenboro NC
 Address where application and ballots should be mailed: 28320

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) _____ Date _____

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Signature of Assistant _____ Address of Assistant _____
 X
 Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Connie Wiggins</i>	Signature (Required) <i>Connie Wiggins</i>
Street Address (Required) <i>480 Mt Carmel Rd</i>	Street Address (Required) <i>480 Mt Carmel Rd</i>
City, State and Zip (Required) <i>Clanton NC 28433</i>	City, State and Zip (Required) <i>Clanton NC 28433</i>
Date <i>10/11/18</i>	Date <i>10/11/18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-2)

STATE OF _____
 COUNTY OF _____

Notary Public _____ Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HOPE M BULLARD
 128 J.A. CARROLL RD
 BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001

HOPE M BULLARD
 PCT/MTD-P15/P15
 11/06/2018 - GENERAL

Munt:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses'

Signature of voter (Required)

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Virion H. McDaniel	Signature (Required) Huglion McDaniel
9343 HWY 131 28320	9343 Hwy. 131
Street Address (Required)	Street Address (Required)
Bladenboro, N.C.	Bladenboro N.C. 28320
City, State and Zip (Required)	City, State and Zip (Required)
9-30-18	9-30-18
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (C.S. § 10B)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEPHEN DEVON BULLARD
 128 J A CARROLL RD
 BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
 STEPHEN DEVON BULLARD
 PCT/VD:P15/P15 Muni:
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification),

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's Instructions; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instructions. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Vivian H. McDaniel	Signature (Required) Highton McDaniel
Street Address (Required) 9343 HWY 131	Street Address (Required) 9343 HWY 131
City, State and Zip (Required) Bladenboro, N.C. 28320	City, State and Zip (Required) Bladenboro W.C. 28320
Date 9-30-18	Date 9-30-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instructions. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respect the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. K.S. § 10B-30

STATE OF

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROCHELLE BULLOCK
 CHICKENFOOT RD
 S, NC 28384

LADEN COUNTY



Ballot: G004
 IE ROCHELLE BULLOCK
 TO: P80/P80 Muni:
 2018 GENERAL

Vote Date

Primary Request or Runoff Request

I am requesting that a Second Primary (or Runoff Election) be called, at an absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

Request for Illness/Disability

I am requesting that, due to illness or disability, I request that I be held this calendar year in which I am eligible to vote (Check the box to receive eligible ballots.)

Signature (if applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Marie Brown	Leketha Leggett
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
9236 Chickenfoot Road	7236 Chickenfoot Road
City, State and Zip (Required) 28384	City, State and Zip (Required) 28384
Saint Paul, NC	Saint Paul, NC
Date 11-1-18	Date 11-1-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 103-302)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Exhibit 4.2.6.2.1.1 Absentee Application and Certificate

93 of 796

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHN EDWARD BUNGERT JR
55 HESTER MILL RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot G001
JOHN EDWARD BUNGERT JR
PCT/VD: P16/P16 Muni:
11/08/2018 - GENERAL

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be mailed to me. I mailed to me. (Check the box to receive eligible ballots.)

Dual Request for Illness/Disability
In the event that a Second Primary (or Runoff Election) is called, request that application be a request for absentee ballot for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy. Unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Jessica Dawkins</i>	Signature (Required) <i>J.P. Davis</i>
Street Address (Required) 2766 Twisted Hickory Rd	Street Address (Required) 2766 Twisted Hickory Rd
City, State and Zip (Required) Edenton N.C. 28337	City, State and Zip (Required) Edenton N.C. 28337
Date 10-8-18	Date 10-8-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter identified, and in my presence, the voter personally appeared before me. I was positively identified according to his/her instruction. The voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary must not charge for witnessing and signing a notarial seal on an absentee ballot application or certificate.

STATE OF _____
COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 23 2018

KATHY SELLERS BUNN
 56 FAYETTEVILLE RD
 WHITE LAKE, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
 KATHY SELLERS BUNN
 PCT/VD:P40/P40
 11/06/2018 - GENERAL

Muni: 40

Board Approval Date

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

☒ Signature of V

Name Correction (if applicable)

L2-78

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

☒ Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Logan Bunn</i>	Signature (Required) <i>Stephanna Bunn</i>
Street Address (Required) <i>56 Fayetteville Rd</i>	Street Address (Required) <i>56 Fayetteville Rd</i>
City, State and Zip (Required) <i>White Lake NC</i>	City, State and Zip (Required) <i>White Lake NC</i>
Date <i>10-22-18</i>	Date <i>10-22-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 105-5, § 105-5c.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 23 2018

LOGAN HEWETT BUNN
FAYETTEVILLE RD
WHITE LAKE, NC 28337

EM - BLADEN COUNTY

TIME _____ REC'D
BLADEN CO. BO

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered or an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1

Witness #2

Signature (Required)
Stephen W Bunn

Signature (Required)
Kathryn Deekers Bunn

Street Address (Required)
56 Fayetteville Rd

Street Address (Required)
56 Fayetteville Rd

City, State and Zip (Required)
White Lake NC

City, State and Zip (Required)
White Lake NC

Date
10-22-18

Date
10-22-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02



Ballot: G004
LOGAN HEWETT BUNN
PCT/VTD: P40/P40
11/06/2018 - GENERAL

Muni: 40

Approval Date

Second Primary Request or Runoff Request

In event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me by mail to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

In event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me by mail to me. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 23 2018

STEPHEN WAYNE BUNN
56 FAYETTEVILLE RD
WHITE LAKE, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
STEPHEN WAYNE BUNN
PCT/NTD:P40/P40
11/06/2018 - GENERAL

Muni: 40

Board Approval Date:

TIME _____ REC'D BY _____
BLADEN CO. BD. OF _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered in the State of North Carolina, and I am an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot. (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

Date 10-22-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Logan Bunn</i>	Signature (Required) <i>Kathryn Sellers Bunn</i>
Street Address (Required) 56 Fayetteville Rd	Street Address (Required) 56 Fayetteville Rd
City, State and Zip (Required) White Lake NC	City, State and Zip (Required) White Lake NC
Date 10-22-18	Date 10-22-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 103-3)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 23 2018

STEPHEN ZACHERY BUNN
 56 FAYETTEVILLE RD
 WHITE LAKE, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
 STEPHEN ZACHERY BUNN
 PCT/VTD/P40/P40 Muni: 40
 11/06/2018 - GENERAL

TIME _____
 BLADEN CO: 80

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. OR All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ Two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

10-22-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

Witness #1	Witness #2
Signature (Required) <i>Logan Bunn</i>	Signature (Required) <i>Stephen W Bunn</i>
Street Address (Required) 56 Fayetteville Rd	Street Address (Required) 56 Fayetteville Rd
City, State and Zip (Required) Blizbethown NC	City, State and Zip (Required) White Lake NC
Date 10/22/18	Date 10-22-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

SEAL

NCSBE v2018.02

Board Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JOANN BURDEN
 218 BURDEN RD
 TAR HEEL, NC 28392

DEM - BLADEN COUNTY



Ballot: G001
 JOANN BURDEN
 PCT/VD:P15/P15
 11/08/2018 - GENERAL

Muni:

Board Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

LOLA WOOTEN (B8 Lewis DR E-100)

Name of Assistant

Address of Assistant

X LOLA WOOTEN

Signature of Assistant

6/10/18

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) LOLA WOOTEN	Signature (Required) Sandra Huiem
Street Address (Required) 1813 Vin St	Street Address (Required) 1813 Vin St
City, State and Zip (Required) 1910/18	City, State and Zip (Required) Elizabeth NC 283
Date	Date 10-10-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate described in the WARNING on the flap of this envelope. I am at least 18 years old. I am not disqualified from witnessing the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-103)

STATE OF _____

COUNTY OF _____

Notary Public

SEA

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JERRY RAY BURNEY SR
 303 PECAN ST # 11C
 BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
 JERRY RAY BURNEY SR
 PCT/MTD:P202/P202 Muni: 20
 11/08/2018 GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR
☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

9-29-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant: Address of Assistant:

X
 Signature of Assistant: Date:

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witnessing the described in the WARNING on the flap of this envelope; The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instructions; The Voter signed this Absentee Application and Certificate; or caused it to be signed; I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Lisa Britt</i> Street Address (Required) 303 Pecan St 3F City, State and Zip (Required) Bladenboro, NC 28320 Date 9-29-18	Signature (Required) <i>James R. ...</i> Street Address (Required) 216 WEBB FARM RD City, State and Zip (Required) BLADENBORO, NC 28320 Date 9-29-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in my presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I am at least 18 years old; I am not disqualified from witnessing the described in the WARNING on the flap of this envelope; I respected the secrecy of the ballot and the of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).
 NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____
 COUNTY OF _____
 Notary Public: _____

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed:

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALVIN BUTLER
1857 NC 410 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001

ALVIN BUTLER

PCT/VD:P15/P15

11/06/2018 - GENERAL

Muni:

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*).

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*).

Signature of Voter (Required) _____ Date _____

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant _____

Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
Signature (Required) <i>Mary Butler</i>	Signature (Required) <i>Janet Butler</i>
Street Address (Required) 549 NC Hwy 410 Apt 350	Street Address (Required) 1857 Hwy 410
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-10-18	Date 10-10-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate* caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 106)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BUTLER
HE ST
BORO, NC 28320

LADEN COUNTY



Ballot: G001
A BUTLER
TD:P201/P201
0018 - GENERAL

Muni: 20

Validated by [Signature]

Primary Request or Runoff Request

I request that a Second Primary (or Runoff Election) be called, and an absentee application and ballot be issued to me, if I am eligible to vote in the election. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I request that I be granted or expected illness or disability, I request that I be granted a request for absentee ballots for any other reason. (Check the box to receive eligible ballots.)

Signature (if applicable)

Wesley Pined Rd

Application and ballots should be mailed

erton NC 28358

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses'*

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near-relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) <i>Quinn B. Martin</i>	Signature (Required) <i>Cliff Ash</i>
Street Address (Required) <i>499 Ash St</i>	Street Address (Required) <i>499 Ash St</i>
City, State and Zip (Required) <i>Bradentown NC 28320</i>	City, State and Zip (Required) <i>Bradentown, N.C. 28320</i>
Date <i>11/3/2018</i>	Date <i>11/3/2018</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal in an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JANET MARIE BUTLER
 1857 NC 410 HWY
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 JANET MARIE BUTLER
 ECTVTD:P15/P15
 11/08/2018 GENERAL

Muni:

Board Approval Data:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)

Signature (Required)

549 NC 410 Hwy Apt 3D

1857 NC 410 Hwy

Street Address (Required)

Street Address (Required)

Bladenboro NC

Bladenboro NC

City, State and Zip (Required)

City, State and Zip (Required)

28320

10-10-18

28320

10-10-18

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter

identified, and in my presence, the Voter marked the enclosed ballot; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 103-3.)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county, or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JESSICA HANNAH BUTLER
 10008 NC HWY 41E
 HARRELLS, NC 28444

UNA - BLADEN COUNTY



Ballot: G004
 JESSICA HANNAH BUTLER
 PCT/MTD:P40/P40 Muni:
 11/08/2018 - GENERAL

Board Approval Date:

☒ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

10008 NC Hwy 41E Harrells NC 28444

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
 Signature of Voter

10-22-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Darrelia "Patty" Motte</i>	Signature (Required) <i>Randy Lee Pharo</i>
Street Address (Required) 10008 NC Hwy 41E	Street Address (Required) 10008 NC Hwy 41E
City, State and Zip (Required) Harrells, NC	City, State and Zip (Required) Harrells NC 28444
Date 10-22-18	Date 10-22-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY ALICE BUTLER
 549 NC HWY # 3D
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 MARY ALICE BUTLER
 PCT/VD:P15/P15 Muni:
 11/06/2018 - GENERAL

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter: [Signature] Date: 11-18

Name Correction (if applicable):

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: _____ Address of Assistant: _____

X
 Signature of Assistant: _____ Date: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required): <u>Alvin Butler</u>	Signature (Required): <u>Janet Butler</u>
Street Address (Required): <u>1857 NC Hwy 410</u>	Street Address (Required): <u>1857 Hwy 410</u>
City, State and Zip (Required): <u>Bladenboro NC</u>	City, State and Zip (Required): <u>Bladenboro NC</u>
Date: <u>11-18</u>	Date: <u>11-18</u>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B)

STATE OF _____
 COUNTY OF _____

Notary Public: _____ Commission Expiration Date: _____

Signature of Voter (if applicable): _____

Address where application and ballots should be mailed: _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NICOLE BYRD
 JASON FARM RD
 NC 28447

LADEN COUNTY



Ballot: G002

R NICOLE BYRD

ID: P65/P65

018 GENERAL

Val Date:

Primary Request or Runoff Request

hat a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

Request for Illness/Disability

due to expected illness or disability, I request that on be a request for absentee ballots for any other held this calendar year in which I am eligible to (Check the box to receive eligible ballots.)

(If applicable)

application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Samuel</i>	Signature (Required) <i>Chris</i>
Street Address (Required) 18356 NC Hwy 216 E	Street Address (Required) 5820 Birch Hill Pkwy, Leno
City, State and Zip (Required) Twin Lake NC 28447	City, State and Zip (Required) Twin Lake NC 28447
Date 11-1-18	Date 11-1-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHARLES WAYNE CALLIHAN
4 NC 131 HWY
DENBORO, NC 28320

BLADEN COUNTY



Ballot: G001

CHARLES WAYNE CALLIHAN
PCT/VTD: P201/P201
11/06/2018 - GENERAL

Muni:

Approval Date:

d Primary Request or Runoff Request

When a Second Primary (or Runoff Election) is called, if that an absentee application and ballot be issued to me, I request that I receive eligible ballots.

I Request for Illness/Disability

Continued or expected illness or disability, I request that I receive a request for absentee ballots for any other election to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Signature of Voter (Required)

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
Signature (Required) <i>Aimee P. Ward</i>	Signature (Required) <i>Vakia Leacock McKoy</i>
Street Address (Required) 1798 NC Hwy 11	Street Address (Required) 943 Rico Rd
City, State and Zip (Required) Kellie NC 28448	City, State and Zip (Required) Whiteville, NC 28422
Date 10/16/18	Date 10-16-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary *must not* charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

DR DELANE CALLAHAN
XTHS
TON, NC 28432

BLADEN COUNTY



Ballot: G003
ANOR DELANE CALLAHAN
/VTD:P25/P25 Muni: 25
6/2018 - GENERAL

Approval Date

I Primary Request or Runoff Request
ent that a Second Primary (or Runoff Election) is called,
that an absentee application and ballot be issued to me
led to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
continued or expected illness or disability, I request that
location be a request for absentee ballots for any other
to be held this calendar year in which I am eligible to
be. (Check the box to receive eligible ballots.)

of Voter (if applicable)

Ballot # 28432
here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the *Option 1 of the Witnesses' Certification*)

OR

☐ a notary public (the notary must complete *Option 2 of the Witnesses' Certification*)

Signature of Voter (Required)

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
 <small>(Signature (Required))</small>	 <small>(Signature (Required))</small>
82 N. 5th St. <small>Street Address (Required)</small>	58 N. Sixth St. <small>Street Address (Required)</small>
Clarkton, N.C. <small>City, State and Zip (Required)</small>	Clarkton, N.C. <small>City, State and Zip (Required)</small>
11-27-18 <small>Date</small>	10-30-18 <small>Date</small>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-32.)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

M KELLY CALLIHAN
 ELLY RD
 ENBORO, NC 28320

BLADEN COUNTY

Ballot: G001
 RAM, KELLY CALLIHAN
 CT/VD/P201/P201
 7/06/2018 - GENERAL

Muni:

Approval Date:

Primary Request or Runoff Request

ent that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me led to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

continued or expected illness or disability, I request that continued be a request for absentee ballots for any other to be held this calendar year in which I am eligible to be. (Check the box to receive eligible ballots.)

If Voter (if applicable)

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of voter (required)

10-10-18

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Rosa Britte Callihan</i>	Signature (Required) <i>Christy D. Will</i>
Street Address (Required) <i>526 Kelly Rd.</i>	Street Address (Required) <i>582 Bunny Rd</i>
City, State and Zip (Required) <i>Bladenboro NC 28320</i>	City, State and Zip (Required) <i>Bladenboro NC 28320</i>
Date <i>10-10-18</i>	Date <i>10/10/2018</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 108-30]

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROSA BRITT CALLIHAN
 528 KELLY RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY

Ballot: G001
 ROSA BRITT CALLIHAN
 PCT/VTD:P201/P201
 11/06/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request. (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Anna P. Ward	Signature (Required) [Signature]
Street Address (Required) 1298 NC Hwy 11	Street Address (Required) 12145 NC 131 Hwy
City, State and Zip (Required) Kellie NC 28448	City, State and Zip (Required) Bladenboro, NC
Date 10/19/18	Date 10/19/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the of the Voter, unless I assisted the Voter at his/her request. (complete Voter Assistant Certification)

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 16-1

STATE OF

COUNTY OF

Notary Public

Commission Expires

NCSBE v2018.02

Absentee Application and Certificate

110 of 796

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WANDA KAY CALLIHAN
1860 BERRY LEWIS RD
BLADENBORO, NC 28320

DEM. BLADEN COUNTY

Ballot: G001
WANDA KAY CALLIHAN
PCT/VTD: P201/P201
11/06/2018 GENERAL

Muni:

and Approval Date:

Second Primary Request or Runoff Request

(the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

360 Berry Lewis Rd

Address where application and ballots should be mailed

Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot. I am a du-
ter as an affiliate of the political party indica-
All information represented on this application I
to vote in this election. If I am an Unaffiliated vi-
election, I am voting in the party primary indi-
label. If the party indicated is (UNA), I am votin-

I further certify that I marked the enclosed ball-
me according to my instructions) in the presence

☒ two (2) witnesses who are at least 18 years o-
disqualified by law to witness the casting of my absentee ballot (the
witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses'
Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the
Voter by marking the ballot only according to the Voter's instruction;
and/or I assisted the Voter in completing the Absentee Application and
Certificate. • I assisted the Voter only in the Voter's presence. • I am
the Voter's near relative or verifiable legal guardian, or I am providing
assistance because a near relative or legal guardian is unavailable to
assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

10/23/18
mtg.

Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I am at least 18 years old. I am not disqualified from witnessing the ballot.
WARNING on the flap of this envelope. The Voter marked the enclosed ballot
caused it to be signed in the Voter's presence according to his/her instruction
this Absentee Application and Certificate, or caused it to be signed. I respect
a ballot and the Voter's privacy, unless I assisted the Voter at his/her request
(Assistant Certification section).

Witness #1

Witness #2

Debra Holt Harris

Samuel Kay Galloway

Signature (Required)

Signature (Required)

520 Belhaven Dr.

520 Belhaven Dr.

Street Address (Required)

Street Address (Required)

Wilmington NC 28411

Wilmington, NC 28411

City, State and Zip (Required)

City, State and Zip (Required)

10/19/18

10/19/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, the Vote

identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter
presence according to his/her instruction. The Voter signed this Absentee Application and Certificate,
caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot
described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy
of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notary seal to an absentee ballot application or certificate. (N.C. § 109-3)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DANIEL CAIN
 456 PAGES LAKE RD
 SAINT PAULS, NC 28384
 BLADEN COUNTY

Ballot: JG004
 01HNDANIEL CAIN
 DT/VT/D/P60/P60
 1/06/2018 - GENERAL

Muni:

Approval Date:

Primary Request or Runoff Request

I request that a Second Primary (or Runoff Election) be called, and that an absentee application and ballot be issued to me, if that an absentee application and ballot be issued to me led to me. (Check the box to receive eligible ballots.)

I Request for Illness/Disability

I request that, due to my continued or expected illness or disability, I request that a request for absentee ballots for any other election to be held this calendar year in which I am eligible to

of Voter (if applicable)

Mr. John Cain
 456 Pages Lake Rd
 Saint Pauls, NC 28384

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
 Sign

10-4-2018
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant:

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>John Cain</i> Signature (Required)	<i>Tracy Cain</i> Signature (Required)
Street Address (Required) 456 Pages Lake Rd.	Street Address (Required) 456 Pages Lake Rd.
City, State and Zip (Required) St. Pauls, N.C. 10-4-18	City, State and Zip (Required) Saint Pauls, N.C. 10-4-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOSEPH BENJAMIN CAIN III
 218 PAGES LAKE RD
 ST PAULS, NC 28384

REP - BLADEN COUNTY

Ballot: G004
 JOSEPH BENJAMIN CAIN III
 PCT/MTD:P60/P60 Muni:
 11/06/2018 - GENERAL

☒ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate.

Signature: _____
 218 Pages Lake Rd St Pauls NC
 Address where application and ballots should be mailed: 28384

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

7-28-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the casting of my ballot. I am not disqualified from witnessing the casting of my ballot by my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) [Signature]	Signature (Required) [Signature]
Street Address (Required) 1153 Bladen Union Church Rd	Street Address (Required) 1153 Bladen Union Church Rd
City, State and Zip (Required) Fayetteville NC 28306	City, State and Zip (Required) Fayetteville NC 28306
Date 9-28-18	Date 9-28-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing the casting of my ballot. I am not disqualified from witnessing the casting of my ballot by my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

ation Certificate

Fraudulently or Falsely completing

Class I felony under Chapter 163 of the N.C. General Statutes

The following people

BITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARIE CAIN
PAGES LAKE RD
PAULS, NC 28384

BLADEN COUNTY

Ballot: G004
SA MARIE CAIN
TV/D: P60/P60
06/2018 - GENERAL

Muni:

Approval Date:

Primary Request or Runoff Request
If a Second Primary (or Runoff Election) is called, then an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
If I am continuing or expected illness or disability, I request that application be a request for absentee ballots for any other to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Where application and ballots should be mailed
Page 2 of 2
28384

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 1153 Bladen Union Church Rd	Street Address (Required) 1153 Bladen Union Church Rd
City, State and Zip (Required) Fay, NC 28306	City, State and Zip (Required) Fay, NC 28306
Date 9-28-18	Date 9-28-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affording a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30).

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LOLA ANN CAIN
 456 PAGES LAKE RD
 ST. PAULS, NC 28384

DEM - BLADEN COUNTY

Ballot: G004
 LOLA ANN CAIN
 PCT/VTD:P60/P60
 11/06/2018 - GENERAL

Muni:

Board Approval Date:

☒ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

456 Pages Lake Rd.
 Address where application and ballots should be mailed

St. Pauls N.C. 28384

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed in the presence of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>John Daniel Cain</i>	Signature (Required) <i>Lacey Cain</i>
Street Address (Required) 456 Pages Lake Rd.	Street Address (Required) 456 Pages Lake Rd.
City, State and Zip (Required) St. Pauls N.C. 28384	City, State and Zip (Required) St. Pauls N.C. 28384

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*. • I am at least 18 years old. • I am not disqualified from witnessing described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NOV 2018/02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative, **For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of the facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARIE CAIN
322 SUNSET PARK RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
MARIE CAIN
PCT/VD: P202/P202
11/06/2018 - GENERAL

Muni:

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name of Voter (if applicable)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Woodie D Hester 371 Sunset Park Rd
Name of Assistant Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from described in the WARNING on the flap of this envelope. The Voter, in my presence, or caused it to be marked in the Voter's presence, signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the voter's privacy, unless I assisted in the complete Voter Assistant Certification section.

Witness #1	Witness #2
Windy D Hester	Mary S. E.
Signature (Required)	Signature (Required)
371 Sunset Park Rd	11316 Center
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro
City, State and Zip (Required)	City, State and Zip (Required)
9/27/2018	9/27/2018
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, personally appeared _____ identified, and in my presence, the voter marked the enclosed ballot, or caused it to be signed. The voter signed this Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

NOTE: A notary may not charge any fee for witnessing and signing a notarial seal on an absentee ballot.

STATE OF _____

COUNTY OF _____

Notary Public

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BECKY CAMPBELL
 1708 BRISSON RD
 ENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
 MMA BECKY CAMPBELL
 CT/VT: P202/P202
 1/06/2018 - GENERAL

Muni:

Approval Date:

and Primary Request or Runoff Request
 event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 to continue or expected illness or disability, I request that application be a request for absentee ballots for any other one to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Use of Voter (if applicable)

is where application and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

03/31/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Woody D Hester 371 Sunset Park Road
 Name of Assistant Address of Assistant
 Signature of Assistant Date 10/31/2018

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Woody D Hester	Signature (Required) Dorothy Edwards
Street Address (Required) 371 Sunset Park Rd	Street Address (Required) 157 W. The Bluff
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10/31/2018	Date 10/31/2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was properly identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 1-202)

STATE OF _____
 COUNTY OF _____

Notary Public
 Commission Expires On _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office or position of authority in any state, congressional district, county, or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 27 2018

TIME _____ REC'D BY _____
 BLADEN CO. CL. OF ELECTIONS

LUEL MCKEITHAN CAMPBELL
 807 FOX ST.
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
 LUEL MCKEITHAN CAMPBELL
 PCT/VTD: P501/P501 Muni: 50
 11/06/2018 - GENERAL

Board Approval Date: _____

☒ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable): _____

Address where application and ballots should be mailed: _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses are listed on Option 1 of the Witnesses' Certification)

☐ a notary public (the notary is listed on Option 2 of the Witnesses' Certification)

Signature of Voter (Required): _____

Date: 10/21/2018

Name Correction (if applicable): _____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: _____

Address of Assistant: _____

X

Signature of Assistant: _____

Date: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing, described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. • The Voter signed this Absentee Application and Certificate, or caused it to be signed in my presence. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required): <i>Barbara J Campbell</i> 805 Fox St Street Address (Required): Elizabethtown, NC 28337 City, State and Zip (Required):	Signature (Required): <i>Wendell Campbell</i> 807 Fox St Street Address (Required): Elizabethtown, NC 28337 City, State and Zip (Required):
Date: 10/21/2018	Date: 10/21/2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, a Notary Public, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public: _____

Commission Expires: _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization; or who is a campaign manager or treasurer for any candidate or political party.

MAH CASSIDY TYNDALL CAMPBELL
 HANNON DR
 RKTON NC 28433

BLADEN COUNTY



Ballot: G002
 MAH CASSIDY TYNDALL CAMPBELL
 VTD: P502/P502 Muni:
 6/2018 GENERAL

Approval Date

Primary Request or Runoff Request
 I certify that a Second Primary (or Runoff Election) is called, and that an absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I certify that I am unable to appear at the polls due to illness or disability. I request that I be allowed to vote absentee for any other election to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

If Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☒ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the 29th day of October, 2018, the Voter, Ramon Cassidy Tyndall Campbell, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application certificate. (N.C.S. § 10B-30)

STATE OF North Carolina

COUNTY OF Bladen

Archer D. Carter
 Notary Public

Commission Expiration Date

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in presence according to his/her instruction. The Voter signed this Absentee Application and caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing and described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certificate]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SEARL CAMPBELL
WHITE PLAINS CHURCH RD
KTON, NC 28433

BLADEN COUNTY



Ballot: G002
RESE EARL CAMPBELL
TVTD: P75/P75 Munk
06/2018 - GENERAL

Approval Date:

Primary Request or Runoff Request

When a Second Primary (or Runoff Election) is called, at that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

I Request for Illness/Disability

continued or expected illness or disability, I request that application be a request for absentee ballots for any other is to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

of Voter (if applicable)

where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required) <i>Agnes C. Willis</i></p>	<p>Signature (Required) <i>Wm. J. ...</i></p>
<p>Direct Address (Required) <i>2101 White Plains Church Rd</i></p>	<p>Direct Address (Required) <i>123 Charles Dr</i></p>
<p>City, State and Zip (Required) <i>Clarkton, NC 28434</i></p>	<p>City, State and Zip (Required) <i>Cornwell, NC 28434</i></p>
<p>Date <i>10-29-18</i></p>	<p>Date <i>10/29/18</i></p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA A CANNON
 73 MOBILE DR
 CLARKTON, NC 28433

REP. BLADEN COUNTY



Ballot: G002
 LINDA A CANNON
 PCT/VD:P502/P502
 11/06/2018 - GENERAL

Muni:

Board Approval Date

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

73 MOBILE RD
 Address where application and ballots should be mailed

CLARKTON N.C. 28433

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

_____ (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witness described in the WARNING on the flap of this envelope. • The Voter marked the or my presence, or caused it to be marked in the Voter's presence according to his/ her. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) 73 MOBILE RD	Signature (Required) Brenda R. Cannon
Street Address (Required) CLARKTON NC 28433	Street Address (Required) 4434 HWY 901
City, State and Zip (Required) 10-22-18	City, State and Zip (Required) CLARKTON NC 28433
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate* as caused it to be signed. • I am at least 18 years old. • I am not disqualified from witness described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

IE MICHAEL CARLYLE JR
15TH ST
DENBORO, NC 28320

1 - BLADEN COUNTY



Ballot: G001
EIE MICHAEL CARLYLE JR
CT/VTD/P201/P201 Muni: 20
1/06/2018 GENERAL

Approval Date:

Primary Request or Runoff Request
I request that a Second Primary (or Runoff Election) be called, at that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

I Request for Illness/Disability
continued or expected illness or disability, I request that application be a request for absentee ballots for any other is to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Where application and ballots should be mailed
Box 598 / 1034 3rd Street
Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete the Option 2 of the *Witnesses' Certification*)

Signature of Voter

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
8650 Vereen Rd NW Street Address (Required)	3850 Halmar Cir Street Address (Required)
Ash, NC 28424 City, State and Zip (Required)	Southport, NC 28461 City, State and Zip (Required)
11/1/18 Date	11/1/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALVIS VONE CARPENTER
 81 HAYES MCKOY RD
 WHITE OAK NC 28399

DEM - BLADEN COUNTY



Ballot: G004
 ALVIS VONE CARPENTER
 PCT/VD:P80/P80 Muni:
 11/06/2018 - GENERAL

Board Approval Date _____

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Name Correction (if applicable) _____

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate* • I assisted the voter only in the Voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witness described in the WARNING on the flap of this envelope • The voter marked the my presence, or caused it to be marked in the Voter's presence according to the The Voter signed this *Absentee Application and Certificate*, or caused it to be signed the secrecy of the ballot and the Voter's privacy, unless I assisted the voter to [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Alvis Vone Carpenter</i>	Signature (Required) <i>Hayes McKoy</i>
Street Address (Required) <i>81 Hayes McKoy Rd</i>	Street Address (Required) <i>White Oak, NC</i>
City, State and Zip (Required) <i>White Oak, NC 28399</i>	City, State and Zip (Required) <i>White Oak, NC 28399</i>
Date <i>11/25/18</i>	Date <i>11/25/18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked presence according to his/her instruction • The voter signed this *Absentee Application*, caused it to be signed • I am at least 18 years old • I am not disqualified from witness described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AVERY CARROLL
635 PAUL BRISSON RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
AVERY CARROLL
PCT/VTD/P15/P15
11/08/2018 - GENERAL

Muni:

Form Approval Date:

☐ **Second Primary Request or Runoff Request**

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

9-27-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required)</p> <p>303 Pican St 3F</p> <p>Street Address (Required)</p> <p>Bladenboro NC 28320</p> <p>City, State and Zip (Required)</p>	<p>Signature (Required)</p> <p>216 WEBB FOLK R</p> <p>Street Address (Required)</p> <p>BLADENBORO, NC 2</p> <p>City, State and Zip (Required)</p>
<p>Date</p> <p>9-27-18</p>	<p>Date</p> <p>9-27-18</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MYRTLE T CARTER
1119 HAYES MCKOY RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY



Ballot: G004
MYRTLE T CARTER
PCT/VTD: P80/P80
11/06/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable):

Address where application and ballots should be mailed:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Sandra Guins 1813 Vine St Elizabeth NC 28037

Name of Assistant

Address of Assistant

X Sandra Guins

Signature of Assistant

10-15-18

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed in my presence, or caused it to be signed in the Voter's presence according to his/her instruction • I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

Witness #1

Witness #2

Rola Weston

Deborah A. Hester

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

10/15/18

10-1

Date

Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed in my presence, or caused it to be signed in the Voter's presence according to his/her instruction • I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VIVIAN DELORES CARPENTER
81 HAYES MCKOY RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY



Ballot: G004
VIVIAN DELORES CARPENTER
PCT/VTD:P80/P80 Muni:
11/06/2018 - GENERAL

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year, in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature

Date

Name Correction (if applicable):

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. The secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p><i>Lola Uke to</i></p> <p>Signature (Required)</p> <p><i>10/15/18</i></p> <p>Street Address (Required)</p> <p><i>10/15/18</i></p> <p>City, State and Zip (Required)</p> <p><i>10/15/18</i></p>	<p><i>DEBORAH MONTA</i></p> <p>Signature (Required)</p> <p><i>10/15/18</i></p> <p>Street Address (Required)</p> <p><i>COUNCIL ME 28</i></p> <p>City, State and Zip (Required)</p> <p><i>10/15/18</i></p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

APRIL DENISE CAULDER
10606 NC 41 HWY W
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
APRIL DENISE CAULDER
PCT/VD:P15/P15 Munk:
11/06/2018 GENERAL

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

11-8-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Carol Aykes</i>	Signature (Required) <i>Emm Carle</i>
Street Address (Required) 603 Butler Mill Rd	Street Address (Required) 10606 Hwy 41
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 2
Date 10-8-18	Date 10

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked according to his/her instruction. The Voter signed this Absentee Application and caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of the facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JONATHAN DWAYNE CERVANTES
1187 STORMS RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
JONATHAN DWAYNE CERVANTES
PCT/VTD: P202/P202 Muni:
11/06/2018 - GENERAL

Board Approval Date

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

SI

9-22-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. The voter marked the my presence, or caused it to be marked in the voter's presence according to his The voter signed this Absentee Application and Certificate, or caused it to be signed the secrecy of the ballot and the voter's privacy, unless I assisted the voter. (complete Voter Assistant Certification section)

Witness #1

Witness #2

James R. Siefert Lisa Bruch
Signature (Required) Signature (Required)

1216 WEBB FAIR RD 303 Pecan St
Street Address (Required) Street Address (Required)

BLADENBORO, NC 28320 Bladenboro, NC
City, State and Zip (Required) City, State and Zip (Required)

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 2018, I personally appeared before me, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked, and in my presence, the voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the voter, unless I assisted the voter at his/her request. (complete Voter Assistant Certification section)

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot or certificate of request.

STATE OF

COUNTY OF

Notary Public

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

A MAE CERVANTEZ
STORMS RD
BENBORO NC 28320

- BLADEN COUNTY



Ballot: G001
LLA MAE CERVANTEZ
T/VTD:P202/P202
/06/2018 - GENERAL

Munl:

Approval Date: 9-28-18

Primary Request or Runoff Request

ent that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me led to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

continued or expected illness or disability, I request that I be a request for absentee ballots for any other to be held this calendar year in which I am eligible to be. (Check the box to receive eligible ballots.)

If voter (if applicable)

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

9-28-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Smith, Dilan</i>	Signature (Required) <i>Young, L. Steve</i>
Street Address (Required) 401 W. 1st Street	Street Address (Required) 4477 Old ABBo TIS Bore
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro N.C. 28320
Date 9/28/18	Date 9-28-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HORACE CHAMBERS
 1009 MOULTRIE LN
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
 HORACE CHAMBERS
 PCT/MTD:P501/P501 Muni:
 11/06/2018 - GENERAL

Board Approval (Date)

☒ Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot, or caused it to be marked, in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Roosevelt Dudley	Signature (Required) Judy Peter
Street Address (Required) 1009 Moultrie Ln	Street Address (Required) 1009 Moultrie Ln
City, State and Zip (Required) Elizabethtown, NC 28337	City, State and Zip (Required) Elizabethtown, NC 28337

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

Absentee Application and Certificate

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The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY CROMARTIE CHERRY
 820 MOULTRIE LN
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
 SHIRLEY CROMARTIE CHERRY
 PCT/VTD:P501/P501 Muni:
 11/06/2018 - GENERAL

Board Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (if applicable)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witness described in the WARNING on the flap of this envelope. • The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed in my presence, or caused it to be signed in the Voter's presence according to his/her instruction. • I assisted the Voter at the complete Voter Assistant Certification section.

Witness #1	Witness #2
Signature (Required) <i>Shirley Cromartie Cherry</i>	Signature (Required) <i>Shirley Cromartie Cherry</i>
Street Address (Required) 123 Charles Dr	Street Address (Required) 615 McLeod St
City, State and Zip (Required) Covey, NC	City, State and Zip (Required) Elizabethtown, NC
Date 10/16/18	Date 11/06/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed in my presence, or caused it to be signed in the Voter's presence according to his/her instruction. • I am at least 18 years old. • I am not disqualified from witness described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application.

All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) _____

Name Correction (if applicable) _____

Voter Assistant Certification (If applicable)
 I certify that: The voter requested my assistance; I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____ Address of Assistant _____

X
 Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old; • I am not disqualified from witness as described in the WARNING on the flap of this envelope; • The Voter marked the ballot in my presence; or caused it to be marked in the Voter's presence according to his/her instructions; • The Voter signed this Absentee Application and Certificate; or caused it to be signed by the Voter; • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter in completing the ballot; and • I completed this form in full.

Witness #1	Witness #2
<i>Imux Long</i> Signature (Required)	<i>Wanda D. King</i> Signature (Required)
<i>600 North Main St</i> Street Address (Required)	<i>371 S. 2nd St</i> Street Address (Required)
<i>Badenbro NC 28320</i> City, State and Zip (Required)	<i>Blacksburg VA</i> City, State and Zip (Required)
<i>10-9-2008</i> Date	<i>10-9-2008</i> Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I, _____, personally appeared before me, _____, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instructions; • The Voter signed this Absentee Application and Certificate; or caused it to be signed by the Voter; • I am at least 18 years old; • I am not disqualified from witness as described in the WARNING on the flap of this envelope; • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter in completing the ballot; and • I completed this form in full.

NOTE: A Notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

W CHILDRESS
 3 MARSH RD
 DENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
 BUY W CHILDRESS
 CT/ID: P15/R15
 1/06/2018 - GENERAL

Munk:

Approval Date:

Second Primary Request or Runoff Request:
 In event that a Second Primary (or Runoff Election) is called, just that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability:
 In event that I am unable to appear at the polls due to illness or disability, I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I certify that the voter must complete Option 2 of the Witnesses'

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

☒ Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Laura A. Childress</i>	Signature (Required) <i>P. Childress</i>
Street Address (Required) 1573 Marsh Rd	Street Address (Required) 1573 Marsh Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-12-18	Date 10-12-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 19A, § 109

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SE/

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

W. CHILDRESS
MARSH RD
DENBORO, NC 28320

BLADEN COUNTY



Ballot: G001

W. CHILDRESS

TV/D: P15/P15

10/6/2018 - GENERAL

Muni:

Approval Date:

nd Primary Request or Runoff Request: If a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

at Request for Illness/Disability: If I am continuing or expected illness or disability, I request that my application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Name of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Laura A. Childress</i>	Signature (Required) <i>P. Childress</i>
Street Address (Required) 1573 Marsh Rd	Street Address (Required) 1573 Marsh Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-12-18	Date 10-12-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: personally appeared before me; was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 103-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

AURA ANN CHILDRESS
MARSH RD
BLADENBORO, NC 28320

- BLADEN COUNTY



Ballot: G001
AURA ANN CHILDRESS
CT/VD: P15/P15
1/06/2018 - GENERAL

Muni:

Approval Date:

Primary Request or Runoff Request
I certify that a Second Primary (or Runoff Election) is called, and that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

I Request for Illness/Disability
Continued or expected illness or disability. I request that application be a request for absentee ballots for any other election to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
1593 Marsh Rd Street Address (Required)	1593 Marsh Rd Street Address (Required)
Bladenboro, NC 28320 City, State and Zip (Required)	Bladenboro NC 28320 City, State and Zip (Required)
10-12-18 Date	10-12-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

DELANE CHRISTIAN
USTY RD
ENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
AVID DELANE CHRISTIAN
CTA/ID/P202/P202 Munt:
1/06/2018 GENERAL
approval

Primary Request or Runoff Request
I certify that a Second Primary (or Runoff Election) is called, and that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
I am continuing or expected illness or disability. I request that a Second Primary (or Runoff Election) be called, and that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

If Voter (if applicable)

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
10081 NWY 131 Street Address (Required)	10081 NWY 131 NWY Street Address (Required)
Bladenboro, NC 28320 City, State and Zip (Required)	Bladenboro, NC 28320 City, State and Zip (Required)
10-5-18 Date	10-5-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 10A, S. § 10B-30.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ES. DANIEL CHRISTIAN
WHITE OWL LOOP RD
DENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
ES. DANIEL CHRISTIAN
VTID: P202/P202 Muni:
6/20/18 GENERAL

Approval Date: _____

Primary Request or Runoff Request

I request that a Second Primary (or Runoff Election) be called, if that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

I Request for Illness/Disability

I request that I be granted a request for absentee ballots for any other reason to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

If Voter (If applicable)

Here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 192 White Owl Loop Rd	Street Address (Required) 192 White Owl Loop Rd
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10-8-2018	Date 10-8-2018

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

HERMAN CHRISTIAN
HITE OWL LOOP RD
ENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
VES: HERMAN CHRISTIAN
TVTD: P202/P202 Muni:
06/2018 - GENERAL

Approval Date: _____

Primary Request or Runoff Request

cert that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

continued or expected illness or disability, I request that a ballot be a request for absentee ballots for any other to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

of Voter (if applicable): _____

here application and ballots should be mailed:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Name Correction (if applicable): _____

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant: _____

Address of Assistant: _____

X

Signature of Assistant

Date: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
Signature (Required) <i>Phyllis Ann Christian</i>	Signature (Required) <i>James Earl Christian</i>
Street Address (Required) 192 White Owl Loop Road	Street Address (Required) 192 White Owl Loop Rd
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10-8-2018	Date 10-8-2018

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A Notary *may not charge any fee* for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30.)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SICA DANIELLE CHRISTIAN
 WHITE OWL LOOP RD
 DENBORO, NC 28320

BLADEN COUNTY

Ballot: G001
 SICA DANIELLE CHRISTIAN
 CTN/P202/P202 Munt.
 1/06/2018 GENERAL

Primary Request or Runoff Request
 I am requesting a Primary (or Runoff Election) be called, so that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I am requesting an absentee ballot for any other reason. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR
☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter only in the presence of the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope; The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction; The Voter signed this Absentee Application and Certificate, or caused it to be signed; I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>James Henry Potts</i>	Signature (Required) <i>Shirley Anna Potts</i>
Street Address (Required) 192 White Owl Loop Rd	Street Address (Required) 192 White Owl Loop Rd
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10-9-2018	Date 10-8-2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

ILLIS ANN CHRISTIAN
192 WHITE OWL LOOP RD
ADENBORO, NC 28320

P - BLADEN COUNTY



Ballot: G001
ILLIS ANN CHRISTIAN
VTD: P202/P202 Muni:
6/2018 GENERAL

Approval Date:

1 Primary Request or Runoff Request

When a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I am continuing or expected illness or disability. I request that I be issued an absentee application and ballot for any other election to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

If Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public who must complete Option 2 of the Witnesses'

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
192 White Owl Loop Rd Street Address (Required)	192 White Owl Loop Rd Street Address (Required)
Bladenboro, NC 28320 City, State and Zip (Required)	Bladenboro, NC 28320 City, State and Zip (Required)
10-8-2018 Date	10-8-2018 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, _____, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 109-309)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEILA L CHRISTIAN
10081 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
SHEILA L CHRISTIAN
PCT/VD: P202/P202
11/06/2018 - GENERAL

Muni:

County Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of voter (required)

10-5-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Louise Overing Little</i>	Signature (Required) <i>Lisa Britt</i>
Street Address (Required) 10081 NC 131 HWY	Street Address (Required) 303 Beacon St
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC
Date 10-5-18	Date 10-5-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and attesting a notarial act on an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

VIRGIL HERMAN CHRISTIAN
 20 WHITE OWL LOOP RD
 BLADENBORO, NC 28320

REC- BLADEN COUNTY



Ballot: G001
 VIRGIL HERMAN CHRISTIAN
 PCT/VTD: P202/P202 Municipality:
 11/06/2018 GENERAL

Board Approval:

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instructions; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. The voter marked the my presence, or caused it to be marked in the voter's presence according to the The voter signed this Absentee Application and Certificate or caused it to be signed the secrecy of the ballot and the voter's privacy, unless I assisted the voter (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p><i>Wendy D Hester</i> Signature (Required)</p> <p><i>371 Sunset Park Road</i> Street Address (Required)</p> <p><i>Bladenboro, NC 28320</i> City, State and Zip (Required)</p>	<p><i>Stella E</i> Signature (Required)</p> <p><i>20 White Owl</i> Street Address (Required)</p> <p><i>Bladenboro, NC</i> City, State and Zip (Required)</p>
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, personally appeared before identified, and in my presence, the voter marked the enclosed ballot, or caused it to be presence according to his/her instruction. The voter signed this Absentee Application caused it to be signed. I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. I respected the secrecy of the of the voter, unless I assisted the voter at his/her request (complete Voter Assistant NOTE: A notary must always bring this for witnessing and affixing a notarial seal to an absentee ballot application.)

STATE OF _____

COUNTY OF _____

Notary Public

Ca

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's next relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

INE WALTERS CHRISTIAN
 BURNEY RD
 ENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
 WYONNE WALTERS CHRISTIAN
 PG1A/ID-P10/P10 Muni:
 11/08/2018 GENERAL

and Primary Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If I am unable to appear in person because of illness or disability, I request that application be a request for absentee ballots for any other election to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Name of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instructions; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. P.S. § 1-210.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CK PAUL CLABAUGH
N HILL CHURCH RD
3080, NC 28320

LADEN COUNTY



Ballot: G001
DERICK PAUL CLABAUGH
VTD: P202/P202 Muni:
5/2018 GENERAL

Proval Date:

Primary Request or Runoff Request

but that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

continued or expected illness or disability, I request that I be a request for absentee ballots for any other to be held this calendar year in which I am eligible to be. (Check the box to receive eligible ballots.)

(Voter, if applicable)

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) <i>Derick Clabaugh</i>	Signature (Required) <i>Doris Clabaugh</i>
Street Address (Required) 1320 Zion Hill Church Rd	Street Address (Required) 1320 Zion Hill Church Rd
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10-2-18	Date 10-2-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certification

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the State Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FAY CLARK
CHICKENFOOT RD
LS, NC 28884

BLADEN COUNTY



Ballot: G004

THIA FAY CLARK

/VTD:P60/P60

6/2018 GENERAL

Muni:

Approval Date: _____

Primary Request or Runoff Request

ent that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me led to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

ontinued or expected illness or disability, I request that location be a request for absentee ballots for any other to be held this calendar year in which I am eligible to be. (Check the box to receive eligible ballots.)

If Voter (if applicable)

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature (Required)

8-oct-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
9265 Chickenfoot Road Street Address (Required)	9289 Chickenfoot Rd Street Address (Required)
ST Pauls NC 28384 City, State and Zip (Required)	ST Pauls NC 28384 City, State and Zip (Required)
20 Oct 18 Date	11-1-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 105-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RY KATHERINE CLARK
3 WESTWOOD CIR
IZABETHTOWN, NC 28337

A - BLADEN COUNTY



Ballot: G004
RY KATHERINE CLARK
STATED: P501/P501
10/06/2018 - GENERAL

Munt:

approval date:

Primary Request or Runoff Request

ent that a Second Primary (or Runoff Election) is called, I that an absentee application and ballot be issued to me led to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

continued or expected illness or disability, I request that lication be a request for absentee ballots for any other s to be held this calendar year in which I am eligible to ne. (Check the box to receive eligible ballots.)

If voter (if applicable)

in power at least 2 PIVILLE, KY
here application and ballots should be mailed. 41501

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, regis-tered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Signature of Voter (Required)

10/30/18

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
<p>Andry Motte</p> <p>Signature (Required)</p> <p>6040 SHAR-AL Rd.</p> <p>Street Address (Required)</p> <p>Calvert City, KY 42029</p> <p>City, State and Zip (Required)</p> <p>10/30/2018</p> <p>Date</p>	<p>Rebecca Thompson</p> <p>Signature (Required)</p> <p>458 Maplewood circle</p> <p>Street Address (Required)</p> <p>conway, SC 29526</p> <p>City, State and Zip (Required)</p> <p>10/30/18</p> <p>Date</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, _____, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 169-302)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

BLANCHIE CLEMMONS
1209 MARTIN LUTHER KING DR
ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
BLANCHIE CLEMMONS
PCT/MTD:P501/P501
11/06/2018 - GENERAL

Muni: 50

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>John W. [Signature]</i>	Signature (Required) <i>DEBORAH [Signature]</i>
Street Address (Required) <i>101 [Address]</i>	Street Address (Required) <i>81 [Address]</i>
City, State and Zip (Required) <i>10118</i>	City, State and Zip (Required) <i>11</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in his/her presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commit

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RAMCKOY COLE
 EWIS DR
 BETH TOWN, NC 28337

- BLADEN COUNTY



Ballot: G002
 DTRA MCKOY COLE
 TVTD: P502/P502
 06/2016 - GENERAL

Muni:

Approval Date:

nd Primary Request or Runoff Request
 event that a Second Primary (or Runoff Election) is called, just that an absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

al Request for Illness/Disability
 continued or expected illness or disability, I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote (Check the box to receive eligible ballots.)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature (if required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p><i>Sharon J. Samuels</i> Signature (Required)</p> <p>707 South Hill St. Street Address (Required)</p> <p>Elizabeth town, N.C. City, State and Zip (Required)</p> <p>11-16-18 Date</p>	<p><i>Patricia Clematis</i> Signature (Required)</p> <p>P.O. Box 994 Street Address (Required)</p> <p>Elizabeth town, NC City, State and Zip (Required)</p> <p>11-16-18 Date</p>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and attesting a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JAMES LLOYD CORBETT
706 MARTIN LUTHER KING DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
JAMES LLOYD CORBETT
PCT/VD: P501/P501 Muni: 50
11/06/2018 - GENERAL

Board Approval Date

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this year.

P.O. Box 92
Address where application and ballots should be mailed

Elizabethtown, NC 28337

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
Signature of voter (required)

Date

10/12/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE V2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Greider Pearson</i>	Signature (Required) <i>Arthur O...</i>
Street Address (Required) 706 MLK Dr.	Street Address (Required) 520 W. Hwy 5
City, State and Zip (Required) Elizabethtown, NC	City, State and Zip (Required) Elizabethtown, NC
Date 10/12/18	Date 10/12/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CYNTHIA GAYLE CORREA
4465 OLD ABBOTTSBURG RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

Ballot: G001
CYNTHIA GAYLE CORREA
PCT/VTD:P201/P201 Muni:
11/06/2018 - GENERAL

Board Approval Date: _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Date: 11/6/18

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed in the presence of the voter. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Cynthia B. Correa</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 4465 Old Abbottsburg Rd	Street Address (Required) 4465 Old Abbottsburg Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro N.C. 28320
Date 11-6-18	Date 11-6-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, personally appeared before me, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public _____

Commissioner _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 27 2018

ARCHIE LEE COUNCIL
6496 RIVER RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

Ballot: G004
ARCHIE LEE COUNCIL
PCT/VD:P80/P80
11/06/2018 - GENERAL

Board Approval Date

TIME
BLADEN

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witness described in the WARNING on the flap of this envelope • The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions • I am at least 18 years old • I am not disqualified from witness described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Archie Lee Council	Signature (Required) Archie Lee Council
Street Address (Required) 1803 Melvin Lane	Street Address (Required) 1803 Melvin Lane
City, State and Zip (Required) White Oak NC 28399	City, State and Zip (Required) White Oak NC
Date 10/24/18	Date 10/24/18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked according to his/her instruction. The Voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

NCSBE v2018.02

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)
6496 R. Rd. White Oak, NC 28399

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
(2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

NOV 06 2018

RECEIVED

NOV 06 2018

REC'D BY
EN CO. BD. OF ELECTIONSMETRIUS VIDAL COUNCIL
S. POPLAR ST
ZABETH TOWN, NC 28337

1 - BLADEN COUNTY

Ballot: G003
DEMETRIUS VIDAL COUNCIL
PCT/VTD: P501/P501
11/06/2018 - GENERAL

Muni: 50

Approval Date: _____

nd Primary Request or Runoff Request
event that a Second Primary (or Runoff Election) is called,
ist that an absentee application and ballot be issued to me
ailed to me. (Check the box to receive eligible ballots.)

al Request for Illness/Disability
continued or expected illness or disability, I request that
application be a request for absentee ballots for any other
ns to be held this calendar year in which I am eligible to
pate. (Check the box to receive eligible ballots.)

re of Voter (if applicable)

where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, regis-
tered in the political party indicated on this application
and/or I am a duly qualified voter, registered in the political party indicated on this application is correct. I am entitled
to vote in this election. If I am an *Unaffiliated* voter voting in a primary
election, I am voting in the party primary indicated on the attached
label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for
me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not
disqualified by law to witness the casting of my absentee ballot (the
witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses'
Certification)

Signature of voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the
Voter by marking the ballot only according to the Voter's instruction;
and/or I assisted the Voter in completing the Absentee Application and
Certificate. I assisted the Voter only in the Voter's presence. I am
the Voter's near relative or verifiable legal guardian, or I am providing
assistance because a near relative or legal guardian is unavailable to
assist the Voter.

Teressa Carmichael PO Box 2493 Elizabethtown
Name of Assistant Address of Assistant

X Teressa Carmichael
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as
described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in
my presence, or caused it to be marked in the Voter's presence according to his/her instruction. •
The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected
the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request
(complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required) <i>Teressa Carmichael</i></p> <p>Street Address (Required) 1157 Richardson St</p> <p>City, State and Zip (Required) Elizabethtown NC 28337</p> <p>Date 11-5-18</p>	<p>Signature (Required) <i>Eddie M. Key</i></p> <p>Street Address (Required) 2365 Alhambra St</p> <p>City, State and Zip (Required) Elizabethtown NC 28337</p> <p>Date 11-5-18</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter:
personally appeared before me; was positively
identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's
presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or
caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as
described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy
of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOANN COUNCIL
6329 CHICKENFOOT RD
ST. PAULS, NC 28384

DEM. - BLADEN COUNTY



Ballot: G004

JOANN COUNCIL

PCT/ID-P60/P60

11/06/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable):

Address where application and ballots should be mailed:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

10/12/18
Date

Name Correction (if applicable):

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing described in the WARNING on the flap of this envelope • The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed in my presence, or caused it to be signed in the presence of the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Joann Council	La Vera Council
Signature (Required)	Signature (Required)
6329 Chickenfoot Rd.	6329 Chickenfoot Rd.
Street Address (Required)	Street Address (Required)
St. Pauls, NC 28384	St. Pauls, NC 28384
City, State and Zip (Required)	City, State and Zip (Required)
10-12-18	10-12-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed in my presence, or caused it to be signed in the presence of the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE V2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LAFATH CHANTAL COUNCIL
 6329 CHICKENFOOT RD.
 ST. PAUL'S, NC 28384

DEPT: BLADEN COUNTY



Ballot: G004
 LAFATH CHANTAL COUNCIL
 PCT/VD:P60/P60 Muni:
 11/08/2018 - GENERAL

Board Approval Date

☐ **Second Primary Request or Runoff Request**

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*).

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses'*

Signature of Voter (Required)

10-12-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Lafath Chantal Council</i> Signature (Required) <i>6329 Chickenfoot Rd</i> Street Address (Required) <i>St Paul's, NC 28384</i> City, State and Zip (Required) <i>10-12-18</i> Date	Signature (Required) <i>6329 Chickenfoot Rd</i> Signature (Required) <i>St Paul's, NC 28384</i> Street Address (Required) <i>10-12-18</i> City, State and Zip (Required) Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, I identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in his/her presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A Notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 06 2018

RANDIS COUNCIL
EM COUNCIL RD
OAK NC 28399

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

BLADEN COUNTY



Ballot # 0004
FRANCIS COUNCIL
VTD P80/P80
2018 GENERAL

Muni:

Approval Date:

Primary Request or Runoff Request
I request that a Second Primary (or Runoff Election) be called, at that an absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

Request for Illness/Disability
I request that continued or expected illness or disability, I request that application be a request for absentee ballots for any other to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

For Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. The information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction, and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Clara Council</i>	Signature (Required) <i>Robert Council</i>
Street Address (Required) <i>9870 Rauer Rd</i>	Street Address (Required) <i>1544 Council Rd</i>
City, State and Zip (Required) <i>White Oak NC</i>	City, State and Zip (Required) <i>White Oak NC</i>
Date <i>11/06/2018</i>	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 16B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RA DANANG COUNCIL
CHICKENFOOT RD
AULS, NC 28384

BLADEN COUNTY



Ballot: G004
RA DANANG COUNCIL
VTD P60/P60 Muni:
3/2018 GENERAL

Approval Date:

Primary Request or Runoff Request
ent that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
continued or expected illness or disability, I request that location be a request for absentee ballots for any other to be held this calendar year in which I am eligible to be. (Check the box to receive eligible ballots.)

If Voter (if applicable)

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 6329 Chickenfoot Rd.	Street Address (Required) 6329 Chickenfoot Rd.
City, State and Zip (Required) St. Paul's NC 28384	City, State and Zip (Required) St. Paul's
Date 10-29-18	Date 10-29-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, who is a campaign manager or treasurer for any candidate or political party.

NOV 06 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

T-COUNCIL JR
EM COUNCIL RD
OAK, NC 28399

BLADEN COUNTY



Ballot: G004

3ERT COUNCIL JR

NTD:P80/P80

06/2018 GENERAL

Approval Date:

Primary Request or Runoff Request
ent that a Second Primary (or Runoff Election) is called,
that an absentee application and ballot be issued to me
led to me? (Check the box to receive eligible ballots.)

Request for Illness/Disability
continued for expected illness or disability, I request that
location be a request for absentee ballots for any other
to be held this calendar year in which I am eligible to
te. (Check the box to receive eligible ballots.)

If Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

☒ Signature of voter (Required) Date 11/6/18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

☒

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Clara Council</i>	Signature (Required) <i>Paul Council</i>
Street Address (Required) 9070 River Rd	Street Address (Required) 154 Chen Lane RD
City, State and Zip (Required) White Oak, NC	City, State and Zip (Required) White Oak, NC 28399
Date 11/6/2018	Date 11/6/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HYEUGENE COUNCIL
NC 87 HWY W
EEL NC 28392

BRADEN COUNTY



Ballot: G004
VOTER: EUGENE COUNCIL
STATED: P60/P60 Muni.
10/6/2018 - GENERAL

provident

I Primary Request or Runoff Request
ent that a Second Primary (or Runoff Election) is called;
that an absentee application and ballot be issued to me;
led to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
continued or expected illness or disability, I request that
lication be a request for absentee ballots for any other
to be held this calendar year in which I am eligible to
to. (Check the box to receive eligible ballots.)

(If Voter (if applicable))

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) DEBORAH MORRIS	Signature (Required) John W. Morris
Street Address (Required) 81 Clute Avenue Rd	Street Address (Required) W. Morris Dr
City, State and Zip (Required) Carrboro NC 28434	City, State and Zip (Required) E. Morris Dr NC 28434
Date 10-8-18	Date 10/9/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 10.S. § 108-30.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 05 2018

AMMONS COX

(PAGE RD) TIME

TON NC 28433

REC'D BY

BLADEN CO. BD. OF ELECTIONS

BLADEN COUNTY



Ballot: G003

DA AMMONS COX

DT/VD: P25/P25

Muni:

11/06/2018 - GENERAL

Approval Date:

Primary Request or Runoff Request

When a Second Primary (or Runoff Election) is called, the voter must request that an absentee application and ballot be issued to him or her. (Check the box to receive eligible ballots.)

Request for Illness/Disability

If the voter is ill or disabled, I request that an absentee application and ballot be issued to him or her. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Sharon Spivey

Where application and ballot should be mailed

28433

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Signature of Assistant

Allen W Cox Jr

Signature of Assistant

Address of Assistant

*1125 Pigeon Rd
Clarkton NC 28433*

Date

11-5-18

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>Sharon Spivey</i>	<i>Jammina Sellers</i>
Signature (Required)	Signature (Required)
<i>106 Cameron St.</i>	<i>923 Spruce Street</i>
Street Address (Required)	Street Address (Required)
<i>Lake Waccamaw NC</i>	<i>Whiteville NC 28472</i>
City, State and Zip (Required)	City, State and Zip (Required)
<i>11-5-18</i>	<i>11-5-18</i>
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affording a notarial seal to an absentee ballot application or certificate. (G.S. § 109-30)

STATE OF _____
COUNTY OF _____
Notary Public
Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

ANAIYA TIARRA CROMARTIE
2606 LISBON RD
COUNCIL NC 28434

DEM - BLADEN COUNTY



Ballot: G002
ANAIYA TIARRA CROMARTIE
PCT/VD:P75/P75 Muni:
11/06/2018 - GENERAL

Board Approval Date

2 Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

3 Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the described in the WARNING on the flap of this envelope • The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Tommy Cate</i>	Signature (Required) <i>Jacqueline Thomas</i>
Street Address (Required) 2606 Lisbon Rd	Street Address (Required) 2606 Lisbon
City, State and Zip (Required) Council NC 28434	City, State and Zip (Required) Council NC 284
Date 10-18-18	Date 10-1

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, personally appeared before me, I was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in presence according to his/her instruction. The Voter signed this Absentee Application and caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Exp

Absentee Application and Certificate

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The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BERNADETTE WOOTEN CROMARTIE
78 POMPIE RD.
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G001

BERNADETTE WOOTEN CROMARTIE
PCTA/VD-P15/P15 Mnt:
11/06/2018 - GENERAL

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable):

Address where application and ballots should be mailed:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (required):

Date:

Name Correction (if applicable):

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant:

Address of Assistant:

X

Signature of Assistant:

Date:

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the described in the WARNING on the flap of this envelope • The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her complete Voter Assistant Certification section.

Witness #1	Witness #2
Signature (Required) <i>Leo T. Cromartie</i>	Signature (Required) <i>Cynthia Cromartie</i>
Street Address (Required) 78 Pompie Rd	Street Address (Required) 78 Pompie Rd
City, State and Zip (Required) Elizabethtown, NC 28337	City, State and Zip (Required) Elizabethtown, NC
Date 10/26/18	Date 10/26/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

NCSBE v2018.02

Absentee Application and Certificate

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The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHARLES DARREN CROMARTIE II
 10213 NC 87 HWY W
 TAR HEEL, NC 28392

DEM - BLADEN COUNTY



Ballot: G001
 CHARLES DARREN CROMARTIE II
 PCT/MD: P15/P15 Munk:
 11/06/2018 - GENERAL

Board Approval Date:

☐ **Second Primary Request or Runoff Request**

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed in the presence of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Charlie C. Cromartie II</i>	Signature (Required) <i>10213 NC HWY 87 W.</i>
Street Address (Required) <i>TAR HEEL</i>	Street Address (Required) <i>NC 28392</i>
City, State and Zip (Required) <i>10-20-18</i>	City, State and Zip (Required) <i>10/20</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot at all times, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of the facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHARLIE COLEMAN CROMARTIE JR
 10213 NC 87 HWY W
 TAR HEEL, NC 28392

DEM - BLADEN COUNTY



Ballot: G001
 CHARLIE COLEMAN CROMARTIE JR
 PCT/MTD:P15/P15 Munk:
 11/06/2018 - GENERAL

Board Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an **Unaffiliated** voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) **in the presence of:**

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot **only** according to the Voter's instruction; and/or I assisted the Voter in completing the **Absentee Application and Certificate** • I assisted the Voter **only** in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified for described in the WARNING on the flap of this envelope • The Voter in my presence, or caused it to be marked in the Voter's presence according to the instructions on the flap of this envelope • The Voter signed this **Absentee Application and Certificate**, or caused the secrecy of the ballot and the Voter's privacy, unless I assisted in completing the Voter Assistant Certification section.

Witness #1

Signature (Required) <i>Charles D Cromartie Jr</i>	Signature (Required) <i>remox</i>
Street Address (Required) 10213 NC Hwy 87 West	Street Address (Required) 123 Cha
City, State and Zip (Required) Tarheel NC 28392	City, State and Zip (Required) Counel
Date 10-26-18	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, personally appeared _____ identified, and in my presence, the Voter marked the enclosed ballot, or caused presence according to his/her instruction. The Voter signed this **Absentee Application and Certificate** • I am at least 18 years old • I am not disqualified described in the WARNING on the flap of this envelope • I respected the secrecy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot.

STATE OF _____

COUNTY OF _____

Notary Public

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 Felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

CYNTHIA CROMARTIE
 74 POMPE RD.
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G001
 CYNTHIA CROMARTIE
 PCT/VD: P15/P16
 11/08/2018 - GENERAL

Muni:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter 10/26/18

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses

(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <u>Brendette Watson-Cromartie</u>	Signature (Required) <u>Leo T. Cromartie</u>
Street Address (Required) <u>74 Pompe Rd.</u>	Street Address (Required) <u>Pompe Rd.</u>
City, State and Zip (Required) <u>Elizabethtown, NC 28337</u>	City, State and Zip (Required) <u>Elizabethtown, NC 28337</u>
Date <u>10/26/18</u>	Date <u>10/26/18</u>

Option 2: Notary Public as Witness

(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTB: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S.B.E. v.2018.02)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FREDRICK OBRIAN CROMARTIE
 2584 LISBON RD
 COUNCIL, NC 28434

DEM - BLADEN COUNTY



Ballot: G002
 FREDRICK OBRIAN CROMARTIE
 PCT/VTDP75/P75 Muni:
 11/06/2018 - GENERAL

Board Approval Date

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR

☐ a notary public

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing I described in the WARNING on the flap of this envelope. • The Voter marked the ballot in my presence; or caused it to be marked in the Voter's presence according to his/her. The Voter signed this Absentee Application and Certificate, or caused it to be signed in the presence of the ballot and the Voter's privacy, unless I assisted the Voter at his [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Fredrick Obrian Cromartie</i>	Signature (Required) <i>Charles</i>
Street Address (Required) 2584 Lisbon Rd	Street Address (Required) 133 Charles
City, State and Zip (Required) Council NC 28434	City, State and Zip (Required) Council NC
Date 11/18/18	Date 11/18/18

Option 2: Notary Public, as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing I described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RUDE DAVIS CROMARTIE
 IBSON DAIRY RD
 BETH TOWN, NC 28337

BLADEN COUNTY



Ballot: G002
 RTRUDE DAVIS CROMARTIE
 TV/D: P502/P502 Muni:
 06/20/18 - GENERAL

Approval Date: _____

id Primary Request or Runoff Request
 I certify that a Second Primary (or Runoff Election) is called, at that an absentee application and ballot be issued to me, (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I request that, because of an expected illness or disability, I request that application be a request for absentee ballots for any other election to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete the Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
1351 Gibson Dairy Rd Street Address (Required)	1351 Gibson Dairy Rd Street Address (Required)
Beth town NC 28337 City, State and Zip (Required)	Beth town NC 28337 City, State and Zip (Required)
Date 11-16-18	Date 11-16-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, _____, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HILDA FAYE ALLISON CROMARTIE
806 BLUE ST
ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
HILDA FAYE ALLISON CROMARTIE
PCT/VD: P501/P501 Muni: 50
11/06/2018 - GENERAL

Board Approval (Date)

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me) according to my instructions in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature

10/1/2018
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her presence. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Lola Weaver</i>	Signature (Required) <i>Landra Huerfano</i>
Street Address (Required) 108 Lewis DR	Street Address (Required) 1813 Vine St
City, State and Zip (Required) Elizabeth NC 28337	City, State and Zip (Required) Elizabeth NC 28337
Date 10/1/18	Date 10/1/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in his/her presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot.

Absentee Application and Certificate


Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JACQUILINE RENEE CROMARTIE
 2806 LISBON RD
 COUNCIL, NC 28434

DEM - BLADEN COUNTY



Ballot: G002
 JACQUILINE RENEE CROMARTIE
 PCT/VD:P75/P75 Munl:
 11/06/2018 - GENERAL

Board Approval Date: _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR, —

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

7/18/18
 Date

Name Correction (if applicable): _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

X

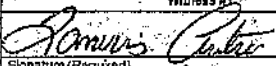
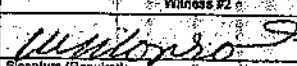
Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the ballot in my presence, or caused it to be marked in the voter's presence, according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. The secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her (complete Voter Assistant Certification section).

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
2806 Lisbon Rd Street Address (Required)	123 Charles St Street Address (Required)
Council, NC 28434 City, State and Zip (Required)	Council, NC 28434 City, State and Zip (Required)
7/18/18 Date	7/18/18 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, we identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public _____

Commission Expires _____

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1 of the Witnesses' Certification**);
- OR
- ☐ a notary public (the notary must complete **Option 2 of the Witnesses'**

10/16/2019
Date

Name Correction (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: _____ Address of Assistant: _____

X
Signature of Assistant _____ Date _____

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing described in the WARNING on the flap of this envelope • The Voter marked the envelope in my presence, or caused it to be marked in the Voter's presence according to his/her The Voter signed this Absentee Application and Certificate, or caused it to be signed the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at a complete Voter Assistant Certification section).

Witness #1	Witness #2
<p><i>Sau Jean Gromatic</i></p> <p>Signature (Required)</p> <p>4890 W. 1st Rd</p> <p>Street Address (Required)</p> <p>Clarkston N.C. 28433</p> <p>City, State and Zip (Required)</p> <p>Date _____</p>	<p><i>W. W. W. W. W.</i></p> <p>Signature (Required)</p> <p>123 Charles</p> <p>Street Address (Required)</p> <p>Cornet, NC</p> <p>City, State and Zip (Required)</p> <p>Date <u>10/</u></p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, _____ personally appeared before me, _____ identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certificate].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF

COUNTRY OF ORIGIN:

COUNTY OF _____
Notary Public _____

Notary Public	Commission Expires
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Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

M. CROMARTIE
OLIVER D
METHUEN, NC 28337
BLADEN COUNTY



Ballot: G002

JE M. CROMARTIE

TD: P502/P502

2018 - GENERAL

Muni:

Approval Date:

id Primary Request or Runoff Request

went that a Second Primary (or Runoff Election) is called, at that an absentee application and ballot be issued to me, and I am eligible to vote. (Check the box to receive eligible ballots.)

al Request for Illness/Disability

continued or expected illness or disability, I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p>Signature (Required)</p> <p>1813 Linc St</p> <p>Street Address (Required)</p> <p>Elizabeth Town NC 28337</p> <p>City, State and Zip (Required)</p> <p>10/31/18</p> <p>Date</p>	<p>Signature (Required)</p> <p>108 Lewis DR</p> <p>Street Address (Required)</p> <p>21.2 abeth town NC 28337</p> <p>City, State and Zip (Required)</p> <p>10/31/18</p> <p>Date</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JENNIFER MARLENA CROMARTIE
 101 P CROMARTIE LN
 COUNCIL, NC 28434

DEM - BLADEN COUNTY



Ballot: G002
 JENNIFER MARLENA CROMARTIE
 PCT/VTD: P75/P75 Muni:
 11/06/2018 - GENERAL

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly-qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
 Signature of Voter (If applicable)

Date

Name Correction (If applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the described in the WARNING on the flap of this envelope • The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her in The Voter signed this *Absentee Application and Certificate*, or caused it to be signed, in the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Jennifer Marlena Cromartie</i>	Signature (Required) <i>Charles De</i>
Street Address (Required) 770 Clyde Rd Council, NC 28434	Street Address (Required) 129 Charles Dr Council, NC 28434
City, State and Zip (Required) 10-28-18	City, State and Zip (Required) 10/28

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate* • I caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

DATE OF

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JOHNNY WAYNE CROMARTIE
128 CHARLIE'S DR
COUNCIL, NC 28434

DEM - BLADEN COUNTY



Ballot: G002
JOHNNY WAYNE CROMARTIE
POT/VT: P75/P75 Muni:
11/06/2018 GENERAL

Board Approval Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

14-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
123 Charles Dr Street Address (Required)	128 Charles Dr Street Address (Required)
Council, NC 28434 City, State and Zip (Required)	Council, NC 28434 City, State and Zip (Required)
10/24/18 Date	10/24/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified; and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in his/her presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate, R.S.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KEYMON ELIJAH CROMARTIE
 2584 LISBON RD
 COUNCIL, NC 28434

DEM. BLADEN COUNTY



Ballot: G002
 KEYMON ELIJAH CROMARTIE
 PCT/VD:P75/P75 Muni:
 11/06/2018 - GENERAL

Board Approval Date: 11/06/2018

☒ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p>Signature (Required) </p> <p>Street Address (Required) 2584 Lisbon Rd</p> <p>City, State and Zip (Required) Council, N.C. 28434</p>	<p>Signature (Required) </p> <p>Street Address (Required) 1234 Elm St</p> <p>City, State and Zip (Required) Council, N.C. 28434</p>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LAMORRIS CROMARTIE
2808 LISBON RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY

Ballot: G002
LAMORRIS CROMARTIE
PCT/VTD: P75/R75
11/06/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application.
• All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X 10-18-18
Signature of Voter (Required) Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing, as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Judith Carter</i>	Signature (Required) <i>Lamorris Cromartie</i>
Street Address (Required) 2808 Lisbon Rd	Street Address (Required) 123 Charles St
City, State and Zip (Required) Council 28434	City, State and Zip (Required) Council 7, NC
Date 10-18-18	Date 10-18-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing, as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MORRIS FATIR CROMARTIE
36 LISBON RD
UNCIL, NC 28434

M - BLADEN COUNTY



Ballot: G002
LAMORRIS FATIR CROMARTIE
PCT/VD:P75/P75 Muni:
11/06/2018 - GENERAL

Approval Date

ond Primary Request or Runoff Request
a event that a Second Primary (or Runoff Election) is called,
best that an absentee application and ballot be issued to me
mailed to me. (Check the box to receive eligible ballots.)

ual Request for Illness/Disability
to continued or expected illness or disability, I request that
application be a request for absentee ballots for any other
ons to be held this calendar year in which I am eligible to
ipate. (Check the box to receive eligible ballots.)

ure of Voter (if applicable)

is where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Signature of Voter (Required)

12-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the *secrecy of the ballot and the Voter's privacy*, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1

Witness #2

Morris Fatir Cromartie
Signature (Required)

Morris Fatir Cromartie
Signature (Required)

36 Lisbon Rd
Street Address (Required)

36 Lisbon Rd
Street Address (Required)

Council NC 28434
City, State and Zip (Required)

Council NC
City, State and Zip (Required)

10-18-18
Date

10-18-18
Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the *secrecy of the ballot and the privacy of the Voter*, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEO THOMAS CROMARTIE
 78 POMPIE RD
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G001
 LEO THOMAS CROMARTIE
 PCT/MTD:P15/P15 Muni:
 11/08/2018 - GENERAL

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date: 11-26-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Leo Thomas Cromartie</i>	Signature (Required) <i>Bernadette Wooten-Cromartie</i>
Street Address (Required) 78 Pompie Rd	Street Address (Required) 78 Pompie Rd
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date 11/26/18	Date 11/26/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 1-202)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of the facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

LOU JEAN CROMARTIE
 4890 LISBON RD
 CLARKTON, NC 28433

DEM. - BLADEN COUNTY



Ballot: G002
 LOU JEAN CROMARTIE
 PCT/VTD: P75/P75 (Mun):
 11/08/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an **Unaffiliated** voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction, and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

☒ Signature of Assistant

Date

Witnesses' Certification

**Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)**

I certify that: I am at least 18 years old. I am not disqualified from voting described in the WARNING on the flap of this envelope. The voter marked the my presence, or caused it to be marked in the voter's presence according to the The Voter signed this Absentee Application and Certificate, or caused it to be the secret of the ballot and the voter's privacy, unless I assisted the voter (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>James T. Cromartie</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 4890 Lisbon Rd	Street Address (Required) 4890 Lisbon Rd
City, State and Zip (Required) Clarkton, NC 28433	City, State and Zip (Required) Clarkton, NC
Date 10/10/2018	Date 10/10/2018

**Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)**

I certify that: on the _____ day of _____, 20____, personally appeared before me _____

identified, and in my presence, the voter marked the enclosed ballot, or caused it to be presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application.

STATE OF _____

COUNTY OF _____

Notary Public

Co

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CROMARTIE
 OLIVE RD
 JETH TOWN, NC 28337
 BLADEN COUNTY



Ballot: G002
 E CROMARTIE
 TD:P502/P502
 2018 - GENERAL

Muni:

Approval Date:

Primary Request or Runoff Request
 I certify that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me, and I am eligible to vote. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I am continuing or expected illness or disability. I request that an absentee application and ballot be issued to me for any other election to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

of Voter (if applicable)

here application and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>Jonathan Harris</i>	<i>Lola Adams</i>
Signature (Required)	Signature (Required)
1813 Union St	108 Lomb St
Street Address (Required)	Street Address (Required)
Charlotte NC 28337	Charlotte NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
10-29-18	10/29/18
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (C.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes


The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

QUEEN ESTHER CROMARTIE
2641 LISBON RD
COUNCIL, NC 28434

DEM, BLADEN COUNTY

 Ballot: G002
QUEEN ESTHER CROMARTIE
PCT/VD: P75/P75 Muni:
11/06/2018 - GENERAL

Board/Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wanda Monrope 123 Charles Dr.

Name of Assistant

Address of Assistant

Signature of Assistant

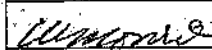
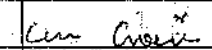
Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
123 Charles Dr. Street Address (Required)	128 Charles Dr. Street Address (Required)
Council, NC City, State and Zip (Required)	Council, NC 284 City, State and Zip (Required)
10/22/18 Date	10/22/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence, according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LESLEY REGINA CULLIPHER
4 HARMON ST #4
WHITE LAKE, NC 28337

REP: BLADEN COUNTY



Ballot: G004
LESLEY REGINA CULLIPHER
PCT/VD: P40/P40 Muni: 40
11/06/2018 - GENERAL

Board Approval Date: _____

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).



the Witnesses

11-19

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witness described in the WARNING on the flap of this envelope; The Voter marked the ballot in my presence; or caused it to be marked in the Voter's presence according to the Voter's instructions; The Voter signed this Absentee Application and Certificate; or caused it to be signed in the presence of the ballot and the Voter's privacy, unless I assisted the Voter at (complete Voter Assistant Certification section).

Witness #1:

Witness #2:

<p>Jonathan Judson</p> <p>Signature (Required)</p> <p>314 Lennan Drive</p> <p>Street Address (Required)</p> <p>Bladenboro NC 28320</p> <p>City, State and Zip (Required)</p>	<p>Shirley W. W.</p> <p>Signature (Required)</p> <p>303 P. Lennan Dr.</p> <p>Street Address (Required)</p> <p>Bladenboro NC 28320</p> <p>City, State and Zip (Required)</p>
--	---

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, personally appeared before me _____, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I am at least 18 years old; I am not disqualified from witness described in the WARNING on the flap of this envelope; I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A Notary may not charge any fee for witnessing and affixing a Notary Seal to this Absentee Application.

STATE OF _____

COUNTY OF _____

Notary Public

NCSBE 2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CRYSTAL LAVON CRUMB
 62 MCADAM DR
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
 CRYSTAL LAVON CRUMB
 PCT/VD: P501/P501
 11/06/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

3-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p><i>Sarah Hume</i> Signature (Required)</p> <p><i>1813 Main St</i> Street Address (Required)</p> <p><i>Elizabeth, NC 28337</i> City, State and Zip (Required)</p>	<p><i>Lola J. Bates</i> Signature (Required)</p> <p><i>10100 S. DR</i> Street Address (Required)</p> <p><i>Elizabeth, NC 28337</i> City, State and Zip (Required)</p>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in his/her presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S.]

STATE OF

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELOWYN DAVIS
BRIDGE CIR
BORE NC 28320

BLADEN COUNTY



Ballot: G001
ELOWYN DAVIS
VTD: P201/P201
1/2018 - GENERAL

Muni: 20

Valid Date: 1/20/18

Primary Request or Runoff Request

At that a Second Primary (or Runoff Election) is called, I request an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I request that I be issued an absentee application and ballot for any other election held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Other (if applicable)

An application and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Loranthus Davis</i>	Signature (Required) <i>Benjamin Gray Benton</i>
Street Address (Required) 312 Pine Ridge Circle	Street Address (Required) 312 Pine Ridge Circle
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-30-18	Date 10-30-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, I was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot, as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notary seal to an absentee ballot application or certificate. (G.S. § 103-303)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEBORAH SMITH DAVIS
 1563 TAR HEEL RD
 TAR HEEL, NC 28392

UNA - BLADEN COUNTY



Ballot: G004
 DEBORAH SMITH DAVIS
 PCT/VD:P60/P60
 1/06/2018 - GENERAL

Munt:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

1/10/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. The voter marked the ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed in the presence of the ballot and the voter's privacy, unless I assisted the voter at his/her request. (complete Voter Assistant Certification section).

Witness #1	Witness #2
Kelly Hendrix Signature (Required) 1563 Tar Heel Rd. Street Address (Required) Tar Heel, NC 28392 City, State and Zip (Required) 10/10/18 Date	[Signature] Signature (Required) [Address] Street Address (Required) [City, State and Zip] City, State and Zip (Required) 10/10/18 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the voter, unless I assisted the voter at his/her request. (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

(If Unable to Mail)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JACQUELYN OLIVIA DAVIS
 141 J C RD
 WHITE OAK, NC 28399

DEM - BLADEN COUNTY



Ballot: G004
 JACQUELYN OLIVIA DAVIS
 PCT/MTD:P35/P35 Muni:
 11/06/2018 GENERAL

Board Approval Date: _____

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

P.O. Box 261 141 J C Rd
 Address where application and ballots should be mailed

White Oak, NC 28399

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application.
 • All information represented on this application is correct. • I am entitled to vote in this election. • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter

Name Correction (if applicable)

5/20/18
 Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her request. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed in the presence of the Voter and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 1352 John Owl	Street Address (Required) 1352 John Owl
City, State and Zip (Required) White Oak NC 28399	City, State and Zip (Required) White Oak NC 28399
Date 10-15-18	Date 10-15-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, I identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence of the Voter according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed in the presence of the Voter and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE V2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TONEY DAVIS
C210 HWY W
ND, NC 28481

BLADEN COUNTY



Ballot: G004

3GY TONEY DAVIS

7/MTD:P45/P45

16/2018 - GENERAL

Muni:

Approval Date:

Primary Request or Runoff Request

Int that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

injured or expected illness or disability, I request that a request for absentee ballots for any other to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Voter (if applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☒ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter _____ Date _____

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

X
Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the 29 day of October, 2018, the voter: Peggy Toney Davis personally appeared before me, I was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application and certificate.

STATE OF North Carolina

COUNTY OF Bladen

My Commission Expires August 18, 2021
Amelia J. Aguilar
Notary Public
Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RICKY LEE DAVIS
 1525 TARIHEEL RD
 TARIHEEL, NC 28392

REP - BLADEN COUNTY



Ballot: G004
 RICKY LEE DAVIS
 PCT/VTD: P60/P60
 11/08/2018 GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable):

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (if applicable):

11/8/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing, described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed in my presence. I am at least 18 years old. I am not disqualified from witnessing, described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Kelly Hendrix	Signature (Required) [Signature]
Street Address (Required) 1568 Tar Heel Rd	Street Address (Required) 500 Chestnut
City, State and Zip (Required) Tar Heel NC 28392	City, State and Zip (Required) Bladenboro NC
Date 10/10/18	Date 10/11

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, personally appeared before me, _____, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing, described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE V2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

DEARL DAVIS SR
3210 HWY W
ND NC 28441

BLADEN COUNTY



Ballot: G004
Voter: EARL DAVIS SR
V/TD: P45/P45
06/2018 - GENERAL

Muni:

County Date:

Primary Request or Runoff Request

Indicate that a Second Primary (or Runoff Election) is called, then an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

Indicate if I am continuing or expected illness or disability, I request that action be a request for absentee ballots for any other to be held this calendar year in which I am eligible to. (Check the box to receive eligible ballots.)

Voter (if applicable):

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☒ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

X

Signature of voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the 31 day of November, 2018, the voter, Ronald Earl Davis, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to a ballot or absentee application.

STATE OF North Carolina

COUNTY OF Bladen

Ante J. Aguilar
Notary Public

8-18-2020
Commission Expiration Date

Absentee Application and Certificate

For all voters: a candidate, UNLESS the candidate is the voter's near relative, facility; (2) an individual who has been convicted of a Class I felony under Chapter 163 of the N.C. General Statutes

party or organization, or who is a campaign manager or treasurer for any candidate or political party.

[REDACTED] Ballot: G004
 RONNIE DAVIS
 PCT/MTD:P60/P60
 11/06/2018 - GENERAL

Second Primary Request or Runoff Request
the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me, I mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
If I am currently on, or expect to be on, a leave of absence due to illness or disability, I request that my application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter, voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot. I further certify that:

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

two (2) witnesses who are, at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1 of the Witnesses' Certification**)

☐ a notary public (the notary must complete Option 2 of the Witness
Certification)

Signature _____ Date 9/28/12

Name Correction (If applicable):

Voter Assistant Certification (if applicable)
I certify that: - The voter assistance was provided in accordance with the rules and regulations of the State of Florida.

Assistant Certification (If applicable)
 I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am assistance because a near relative or verifiable legal guardian, or I am providing assist the Voter.

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public)

[illegible]

Witness #1		Witness #2	
Volley, Wendricio		James R. [Signature]	
Signature (Required)		Signature (Required)	
1503 Tar Hill Rd		1216 WEBB F	
Street Address (Required)		Street Address (Required)	
Tar Hill ne 28570		BLADENBORO	
City, State and Zip (Required)		City, State and Zip (Required)	
7/05/15			
Date		Date	

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, _____ personally appeared before me, _____, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked, according to his/her instructions. The Voter signed this Absentee Ballot envelope, caused it to be sealed, I am at least 18 years old, I am not disqualified from voting, as described in the WARNING on the flap of this envelope, I am not disqualified from voting as described in the WARNING on the flap of this envelope, I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request to complete a voter assistance form, and I am not a candidate for any office in the election.

NOTE: A fiduciary may not charge any fee for witnessing a ballot.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ITHA BENTON DAVIS
NEBRIDGE CIR
NEBORO, NC 28320

BLADEN COUNTY



Ballot: G001
MANTHA BENTON DAVIS
T/VTD/P201/P201
06/20/18 GENERAL

Muni: 20

Primary Request or Runoff Request
I am requesting a Second Primary (or Runoff Election) to be called, and that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
I am requesting a request for absentee ballots for any other reason. (Check the box to receive eligible ballots.)

If voter (if applicable)

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>Benjamin Craig Benton</i> Signature (Required)	<i>Jim Benton</i> Signature (Required)
312 Pine Ridge Circle Street Address (Required)	246 LEE ST Street Address (Required)
Bladenboro NC 28320 City, State and Zip (Required)	Bladenboro, NC 28320 City, State and Zip (Required)
10-30-18 Date	10-30-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. S. 1-105-20)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

VELMA DAVIS
 334 VICTORIA DR
 BLADENBORO, NC 28320
 UNA - BLADEN COUNTY



Ballot: G001
 VELMA DAVIS
 PCT/VD:P15/P15
 11/06/2018 -- GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year, in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the *secrecy of the ballot* and the *Voter's privacy*, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
Signature (Required) <i>Kelly Hendrix</i>	Signature (Required) <i>Geoffrey...</i>
Street Address (Required) 1568 Tor Heel Rd.	Street Address (Required) 500...
City, State and Zip (Required) Tor Heel NC 28392	City, State and Zip (Required) Bladenboro
Date 10/9/18	Date 10/12

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter. • I respected the *secrecy of the ballot* and the *Voter's privacy*, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILFORD M DAVIS
 1224 CENTER RD.
 BLADENBORO, NC 28320

REP. BLADEN COUNTY



Ballot: G001
 WILFORD M DAVIS
 PCT/VTD: P15/P15
 11/06/2018 - GENERAL

Munt:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

SA

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. The voter marked the ballot in my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at the complete Voter Assistant Certification section.

Witness #1	Witness #2
Signature (Required) <i>Lisa Britt</i>	Signature (Required) <i>James R. Smith</i>
Street Address (Required) 303 Pican St 3F	Street Address (Required) 1216 WEBB FAIR
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC
Date 9-27-18	Date

Option 2: Notary Public's Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____

personally appeared before me, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application to receive

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JEAN DAVIS
C 87 HWY W
EEL NC 28392

BLADEN COUNTY



Ballot: G001

ILLIE JEAN DAVIS

STATED: P15/P15

10/6/2018 GENERAL

Muni:

Approval Date:

Primary Request or Runoff Request
I certify that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me, (Check the box to receive eligible ballots.)

Request for Illness/Disability
I am continuing or expected illness or disability, I request that location be a request for absentee ballots for any other to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence, according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Janice C. Davis</i>	Signature (Required) <i>James C. Davis</i>
Street Address (Required) P.O. Box 96	Street Address (Required) 193 Charles Dr
City, State and Zip (Required) Dublin, N.C. 28332	City, State and Zip (Required) Cape Fear, NC 28413
Date 11-2-2018	Date 11/2/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

VARIEDIAZ
 ERIC MILLER #4A
 BETH TOWN, NC 28337

BLADEN COUNTY

Ballot: G005

JA MARIE DIAZ
 TAVTD:P502/P502
 06/2018 - GENERAL

Munt: 50

Approval Date:

Primary Request or Runoff Request
 I certify that a Second Primary (or Runoff Election) is called, and that an absentee application and ballot be issued to me filed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I request that, due to illness or disability, I request that an absentee application and ballot be issued to me for any other election held this calendar year in which I am eligible to vote.

142 Caldwell St
 Spring Lake, NC 28390

These application and ballots should be mailed to:
 3000 E. Highway 101, NC 28397

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

X
 SE

10/29/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) X [Signature]	Signature (Required) [Signature]
Street Address (Required) 142 Caldwell St	Street Address (Required) 700 Mercer Mill Rd 4D
City, State and Zip (Required) Spring Lake, NC 28390	City, State and Zip (Required) Bladen County, NC 28337
Date 10/29/18	Date 10/29/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Returned By Voter 9-

RAY DEEVER
 114 MIDWAY DR # 3
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001

RAY DEEVER
 PCT/VTD: P202/P202 Munt: 20
 11/06/2018 - GENERAL

Board Approval Date: _____

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable): _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses'*

Signature of _____

Name Correction (If applicable): _____

9-27-18
 Date

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: _____

Address of Assistant: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed in the presence of the Voter, or caused it to be signed in the presence of the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>William Spagnoli</i>	Signature (Required) <i>Anthony A. G...</i>
Street Address (Required) 304 Midway Dr	Street Address (Required) 303 Pecan St. L
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, a Notary Public, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence of the Voter, or caused it to be marked in the presence of the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed _____

Voter Assistant Certification (If applicable)
 I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instructions; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____ Address of Assistant _____

X

Signature of Assistant _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing described in the WARNING on the flap of this envelope • The Voter marked the enclosed my presence; or caused it to be marked in the Voter's presence according to the instructions on the flap of this envelope • The Voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of myself and another witness • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter as directed in the [complete Voter Assistant Certification section].

Witness #1	Witness #2
 Signature (Required) Lisa Bruti Street Address (Required) 303 Hickam St 3F City, State and Zip (Required) Bladenboro NC 28320 9-27-18 Date	 Signature (Required) Dennis R. Smith Street Address (Required) Rt 6 Webberville NC City, State and Zip (Required) BLADENBORO NC 28320 9-27-18 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, personally appeared before me, _____, identified, and in my presence, the Voter marked the enclosed ballot; or caused it to be marked in his/her presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter as his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____
 COUNTY OF _____

Notary Public _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALLISON DUMAS DELLINGER
 1394 BAY TREE DR.
 HARRIS, NC 28444

DEPT. BLADEN COUNTY

Ballot: G002
 ALLISON DUMAS DELLINGER
 PCT/VD:P65/P65 Muni:
 11/06/2018 GENERAL

Board Approval Date: _____

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable): _____

Voter's Certification (Required)
 I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
 Sign: _____ Date: 9/28

Name Correction (if applicable): _____

Voter Assistant Certification (If applicable)
 I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant: _____ Address of Assistant: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the casting of my absentee ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required): _____	Signature (Required): _____
Street Address (Required): 1205 S. MAIN ST.	Street Address (Required): 1832 Cross Creek Rd.
City, State and Zip (Required): BLACKSBURG VA 24060	City, State and Zip (Required): Raleigh NC 27601
Date: 9/28	Date: 9/28

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in his/her presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the casting of my absentee ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. It is the voter's responsibility to provide a notary seal.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHAPMAN DENNIS
ROMARTIE RD
ETH TOWN, NC 28337

BLADEN COUNTY



Ballot: G004

H CHAPMAN DENNIS

VID: P501/P501

6/2018 - GENERAL

Muni:

Printable Ballot

Primary Request or Runoff Request

When a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

In the event of expected illness or disability, I request that I be issued an absentee ballot for any other election to be held in the calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Voter (if applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>MK O...</i>	Signature (Required) <i>Madison O. Coates</i>
Street Address (Required) <i>1756 Creech Rd</i>	Street Address (Required) <i>459 Happy Valley Rd.</i>
City, State and Zip (Required) <i>Elizabethtown, NC 28337</i>	City, State and Zip (Required) <i>Elizabethtown, NC 28337</i>
Date <i>10-30-18</i>	Date <i>10-30-18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: personally appeared before me, I am positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 106-32)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEDELL DENKINS
818 FOX ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

[Barcode]

[Redacted] Ballot: G003
LEDELL DENKINS
PCTA/TD:P501/P501 Muni: 50
11/06/2018 : GENERAL

Card Approval Date _____

cond. Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called,
I request that an absentee application and ballot be issued to me
☐ mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
If I am unable to appear at the election due to illness or disability, I request that
an absentee application and ballot be issued to me.
I request that an absentee application and ballot be issued to me
in the event that a Second Primary (or Runoff Election) is called.
I request that an absentee application and ballot be issued to me
to be held this calendar year in which I am eligible to vote.
(Check the box to receive eligible ballots.)
☐

Signature _____
(If applicable)
Add _____
_____ and ballots should be mailed

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*).
- OR
- ☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*).

Signature of Voter (Required): _____

Name Correction (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant _____

Date _____

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that:

- I am at least 18 years old
- I am not disqualified from witnessing the described in the WARNING on the flip of this envelope.
- The Voter marked the enclosed ballot as instructed by the instructions on the back of the envelope.
- My presence, or caused it to be marked in the Voter's presence according to his/her ID card.
- The Voter signed this Absentee Application and Certificate, or caused it to be signed.
- I did not observe anyone else marking the ballot.

The secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request in completing the absentee application and certificate section.

Witness #1

4	Witness #2
---	------------

David Guier
Signature (Required)

1813 Vine St.

Elizabethton NC 28337

City, State and Zip (Required)

Signature (Required): DEROIAN M...

81 C/406 W. 14th St.
Blunt Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the 20 day of personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked pursuant according to his/her instruction. The Voter signed this Absentee Application and caused it to be signed by I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certificate].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF

COUNTY OF

Notary Public

Copywriting

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TINA SHANTELL WARD DENKINS
 813 FOX ST
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003

TINA SHANTELL WARD DENKINS
 PCT/VD: P501/P501 Muni: 50
 11/06/2018 - GENERAL

Board Approval Date

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. The Voter marked the my presence, or caused it to be marked in the Voter's presence according to his. The Voter signed this Absentee Application and Certificate, or caused it to be signed the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter to complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>DEBORAH MONROE</i>	Signature (Required) <i>Sandra Hatcher</i>
Street Address (Required) <i>91 Clyde Hatcher Rd</i>	Street Address (Required) <i>1813 Vine St</i>
City, State and Zip (Required) <i>Council NC 28434</i>	City, State and Zip (Required) <i>Elizabeth NC</i>
Date <i>10-16-18</i>	Date <i>11</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, personally appeared before me identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked presence according to his/her instruction. The Voter signed this Absentee Application caused it to be signed. I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RANDY SCOTT DEWOLF
 13 BETHEL CHURCH RD
 DUBLIN, NC 28332

UNA - BLADEN COUNTY



Ballot: G001
 RANDY SCOTT DEWOLF
 PCT/VD-P15/P15
 11/08/2018 GENERAL

Munt: 15

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public who must complete Option 2 of the Witnesses' Certification

X

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. The Voter marked the my presence, or caused it to be marked in the Voter's presence according to the The Voter signed this Absentee Application and Certificate, or caused it to be signed the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>James M. Dewolf</i>	Signature (Required) <i>Robert Du</i>
Street Address (Required) 13 Bethel Church Rd	Street Address (Required) 13 Bethel Ch
City, State and Zip (Required) Dublin, NC 28332	City, State and Zip (Required) Dublin, NC
Date 10/29/18	

Option 2: Notary Public or Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked according to his/her instruction. The Voter signed this Absentee Application caused it to be signed. I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Ce

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF

Second Primary Request or Runoff Request

If, at the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 06 2018

ANNA CATHERINE DEVANE
 RESIDENTIAL
 ELECTIONS
 TOWN, NC 28337

BLADEN COUNTY



Ballot: G004

ANNA CATHERINE DEVANE

VTD: P501/P501

Muni: 50

11/2018 - GENERAL

Print Ballot Date

TIME _____
 REC'D BY _____
 BLADEN CO. BD. OFF

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of _____

11/1/18
 Date

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
2406 Chestnut Ln. Street Address (Required)	2406 Chestnut Ln. Street Address (Required)
Elizabethtown, NC City, State and Zip (Required)	Elizabethtown, NC 28337 City, State and Zip (Required)
11-1-18 Date	11-1-2018 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary public may not charge any fee for witnessing and affixing a notary seal to an absentee ballot application or certificate. (N.C. § 105-30).

STATE OF _____

COUNTY OF _____

Notary Public _____

Commission Expiration Date _____

SEAL

If Voter (if applicable) _____

here application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Ballot: G001
 CYNTHIA ANN DICICCO
 PCT/MTD:P601/P501 Muni:
 11/06/2018 - GENERAL
 CYNTHIA ANN DICICCO
 7662 NC 242 HWY'S
 BLADENBORO, NC 28320
 REP - BLADEN COUNTY

Board Approval Date: _____

- Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)
- Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (if applicable) _____

Date _____

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

X
 Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed in the presence of the ballot and the Voter's privacy, unless I assisted the voter at [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Elizabeth B. Hill	Signature (Required) Kerri Hester
Street Address (Required) 2320 Owen Hill Rd	Street Address (Required) 7662 NC 242 Hwy
City, State and Zip (Required) Elizabethtown NC 28327	City, State and Zip (Required) Bladenboro 28320
Date 10/7/18	Date 10/7/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public _____

Commission _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ETTA E DICICCO
 VILLAGE ST
 BLENBORO, NC 28320
 BLADEN COUNTY

Ballot: G001
 ORETTA E DICICCO
 CT/VID: P202/P202
 1/08/2018 - GENERAL

Muni: 20

provid Date:

Primary Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me as to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If I am ill or have a disability, I request that a ballot be issued to me for any other reason. (Check the box to receive eligible ballots.)

Application to: Bladenboro NC
 re application and ballots should be mailed 08320

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

9/28/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Linda Walters</i>	Signature (Required) <i>Della McWright</i>
Street Address (Required) 550 Sunset Park Rd	Street Address (Required) 1181 Storms Ln
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 9-28-18	Date 9-28-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, I was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (O.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

DICICCO III
 LLAGE ST
 ENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
 IUIS DICICCO III
 T/VTD: P202/P202
 10/6/2018 - GENERAL

Muni: 20

Approval Date:

d Primary Request or Runoff Request
 I certify that a Second Primary (or Runoff Election) is called, and that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

I Request for Illness/Disability
 I request that continued or expected illness or disability, I request that application be a request for absentee ballots for any other application.

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ a notary public

OR

Witnesses'

12/8/18

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NDA RUBY DOVE
 5 OLD ABBOTTSBURG RD
 DENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
 NDA RUBY DOVE
 NTD-P201/P201
 5/20/18 - GENERAL

Muni:

proval Date

Primary Request or Runoff Request

int that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me ad to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

induced or expected illness or disability, I request that callin be a request for absentee ballots for any other to be held this calendar year in which I am eligible to e. (Check the box to receive eligible ballots.)

Voter (if applicable)

ere application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)

Signature (Required)

4455 Old Abbottsburg Rd.

4455 Old Abbottsburg Rd.

Street Address (Required)

Street Address (Required)

Bladenboro NC 28320

Bladenboro NC 28320

City, State and Zip (Required)

City, State and Zip (Required)

10/8/18

10/8/18

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. 5-108-37)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AUSTIN KEVIN DOVE
 37 BRISSON RD
 BLADENBORO NC 28320
 REP - BLADEN COUNTY



Ballot: G001
 AUSTIN KEVIN DOVE
 RCT/AVD: P15/P15
 11/05/2018 - GENERAL

Muni:

Board Approval Date:

☒ Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witness as described in the WARNING on the flap of this envelope. The voter marked the ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. The voter signed this Absentee Application and Certificate, or caused it to be signed. I assisted the voter at the voter's request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Kevin Austin Dove</i>	Signature (Required) <i>Brooklyn M. Hic</i>
Street Address (Required) 37 Brissan Rd	Street Address (Required) 1816 Twisted Hic
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Elizabethtown, VA
Date 10/23/18	Date 10/23/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witness as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and attesting a notarial seal to an absentee ballot application or certificate.

STAT 10F

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 01 2018

EMARIE DOVE
JYFON RD
ENBORO NC 28320

BLADEN COUNTY

TIME
BLADEN CO. ED

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application or the election represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) _____ Date: 10-30-18

Name Correction (if applicable) _____

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____ Address of Assistant _____

☒ Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <u>Samuel D. Dove</u>	Signature (Required) <u>Rickey Dove</u>
Street Address (Required) <u>878 Guyton Rd</u>	Street Address (Required) <u>878 Guyton Rd</u>
City, State and Zip (Required) <u>Bladenboro NC 28320</u>	City, State and Zip (Required) <u>Bladenboro NC 28320</u>
Date <u>10-30-18</u>	Date <u>10-30-18</u>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108-30)

STATE OF _____
COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL



Ballot: G001

TYE MARIE DOVE

T/V/D: P202/P202

06/2018 - GENERAL

Munt:

Approval Date: _____

I Primary Request or Runoff Request

ent that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me led to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

continued or expected illness or disability, I request that location be a request for absentee ballots for any other to be held this calendar year in which I am eligible to to check the box to receive eligible ballots.

Bladenboro NC 28320
This application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 01 2018

MCCRAY DOVE
UYTON RD
ENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
MCCRAY DOVE
V/D/P202/P202
6/2018 GENERAL

Muni:

2018 V/D/P202

Primary Request or Runoff Request
I request that a Second Primary (or Runoff Election) be called, and that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
I request that I be granted a request for absentee ballots for any other election held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

UYTON RD, B-hono NC 28320
Where application and ballots should be mailed

REC'D BY
BLADEN CO

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Beth M Dove, 378 Guyton RD, B-hono NC 28320
Name of Assistant Address of Assistant

X Beth M Dove 10-30-18
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
<i>Beth M Dove</i> <small>(Signature Required)</small> 378 Guyton RD. <small>(Street Address Required)</small> Bladenboro NC 28320 <small>(City, State and Zip Required)</small> Date: 10-30-18	<i>David T Dove</i> <small>(Signature Required)</small> 378 Guyton RD. <small>(Street Address Required)</small> Bladenboro N.C. 28320 <small>(City, State and Zip Required)</small> Date: 10-30-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-50)

STATE OF _____
COUNTY OF _____
Notary Public _____ Commission Expiration Date _____

SEAL

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JENNIFER DOWLESS DOVE
ABE JOHNSON DR
BETH TOWN, NC 28337

BLADEN COUNTY



Ballot: G004
JENNIFER DOWLESS DOVE
TAYLOR P501/P501
10/22/18 GENERAL

Muni:

Printed Date:

Primary Request or Runoff Request
If a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me and to the. (Check the box to receive eligible ballots.)

Request for Illness/Disability
If I am ill or have a disability, I request that I be allowed to request absentee ballots for any other election held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

(Voter if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (if applicable)

Date 10-22-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Jenny W. Dove	Signature (Required) Jill E. Dowless
Street Address (Required) 453 Cooke Johnson Dr	Street Address (Required) 771 Bethel Ch Rd
City, State and Zip (Required) Bethel, NC 28337	City, State and Zip (Required) Tar Heel, NC 28392
Date 10-22-18	Date 10-22-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party; or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 01 2018

CYNTHIA BURCHETTE DOVE
 4471 OLD ABBOTTSBURG RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 CYNTHIA BURCHETTE DOVE
 PCT/VTD: P201/P201 Mntl:
 11/08/2018 - GENERAL

Board Approval Date: _____

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If Applicable): _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required): _____

9-30-18
 Date

Name Correction (If applicable): _____

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant: _____

Address of Assistant: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. The voter marked the ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I assisted the voter in marking the ballot and the voter's privacy, unless I assisted the voter at the complete Voter Assistant Certification section.

Witness #1	Witness #2
<p><i>[Signature]</i> Signature (Required)</p> <p>4471 Old Abbottsburg Rd Bladenboro NC City, State and Zip (Required)</p>	<p><i>[Signature]</i> Signature (Required)</p> <p>552 Sunset Pk Bladenboro NC City, State and Zip (Required)</p>
<p>9-30-18 Date</p>	<p>28320 Date</p>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, personally appeared before me, _____, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked according to his/her instruction. The voter signed this Absentee Application and Certificate. I assisted the voter in marking the ballot and the voter's privacy, unless I assisted the voter at the complete Voter Assistant Certification section.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EDISON DOVE
2 GUYTON RD
ADENBORO, NC 28320

ADENBORO - BLADEN COUNTY

EDISON DOVE
PCTA/ID:P202/P202
11/08/2018 - GENERAL

Munk:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Michelle Dawless Tracy Dawless

398 Guyton Rd. 398 Guyton Rd.

Bladenboro NC 28320 Bladenboro NC 28320

City, State and Zip (Required) 10-29-18 City, State and Zip (Required) 10-29-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me; was positively identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WAYNE DOVE
JE JOHNSON DR
ETH TOWN, NC 28337

BLADEN COUNTY



Ballot G004

Y WAYNE DOVE

VTPR501/P501

2018 GENERAL

Approval Date:

Primary Request or Runoff Request

When a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

I Request for Illness/Disability

continued or expected illness or disability, I request that I be a request for absentee ballots for any other election to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

of Voter (if applicable)

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)


SIG

10-22-18
Date

No

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate* • I assisted the voter only in the Voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Constance Dowless Dove</i>	Signature (Required) <i>ella P Dowless</i>
Street Address (Required) 453 Gabe Johnson Dr.	Street Address (Required) 771 Bethel Ch. Rd
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Tar Heel NC 28392
Date 10-22-18	Date 10-22-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a State congressional district, county, or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 27 2018

JUNE BRISSON DOVE
37 BRISSON RD
BLADENBORO, NC 28320

UNA BLADEN COUNTY



Ballot: G001
JUNE BRISSON DOVE
PCT/ATD: P15/P15
11/06/2018 GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed in the presence of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Annice Rose Brisson</i>	Signature (Required) <i>Kenneth La MS</i>
Street Address (Required) <i>142 Brisson Rd</i>	Street Address (Required) <i>37 Brisson</i>
City, State and Zip (Required) <i>Bladenboro NC 28320</i>	City, State and Zip (Required) <i>Bladenboro NC</i>
Date <i>10-24-18</i>	Date <i>10-24-18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence of the ballot according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed in the presence of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

PHENIL DOVE
1000 ABBOTTSBURG RD
DENBORO, NC 28320

BLADEN COUNTY



Ballot: 66001

PHENIL DOVE
V/D: P201/P201
6/2018 - GENERAL

Muni:

Approver Date:

Primary Request or Runoff Request

I certify that a Second Primary (or Runoff Election) is called; that an absentee application and ballot be issued to me; and that I am eligible to vote. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I am continuing or expected illness or disability. I request that location be a request for absentee ballots for any other election to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

If Voter (if applicable)

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10/8/2018
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p><i>Amanda R. Doe</i> Signature (Required)</p> <p>4455 Old Abbottsburg Rd. Street Address (Required)</p> <p>Bladenboro NC 28320 City, State and Zip (Required)</p> <p>10/8/18 Date</p>	<p><i>Cynthia B. Doe</i> Signature (Required)</p> <p>4455 Old Abbottsburg Rd. Street Address (Required)</p> <p>Bladenboro NC 28320 City, State and Zip (Required)</p> <p>10/8/18 Date</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (S.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party; or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 01 2018

REC'D BY

DEM CO. CLERK OF ELECTIONS
RYLEE DOVE
OLD ABBOTTSBURG RD
DENBORO, NC 28320

BLADEN COUNTY



Ballot: G001

FERRY LEE DOVE
CT/VTD/P201/P201

Muni:

11/06/2018 - GENERAL

Provisional Ballot

Primary Request or Runoff Request

and that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me ed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

continued or expected illness or disability, I request that I be issued an absentee ballot for any other I to be held this calendar year in which I am eligible to be. (Check the box to receive eligible ballots.)

(Voter if applicable)

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete the Option 2 of the Witnesses' Certification)

Signature

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p><i>Linda Waller</i> Signature (Required)</p> <p><i>550 Sunset Park Rd.</i> Street Address (Required)</p> <p><i>Bladenboro NC</i> City, State and Zip (Required)</p> <p><i>28320</i> Date</p>	<p><i>Cynthia Burdette Dove</i> Signature (Required)</p> <p><i>4471 Old Abbottsburg Rd.</i> Street Address (Required)</p> <p><i>Bladenboro NC</i> City, State and Zip (Required)</p> <p><i>28320</i> Date</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-32)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAROLYN R DOWLESS
 499 EVERS RD
 BLADENBORO NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 CAROLYN R DOWLESS
 PCT/VD: P15/P15
 11/06/2018 GENERAL

Muni:

Island Approval Date:

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a Notary Public

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing, described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed, in my presence, or caused it to be signed in the Voter's presence, or caused it to be signed in the presence of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Lisa Britt</i>	Signature (Required) <i>James R. Smith</i>
Street Address (Required) 303 Picon St 3F	Street Address (Required) 416 WEBB FARM
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) BLADENBORO, NC
Date 9-28-18	Date 9-

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, _____, identified; and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A Notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

LETUS E DOWLESS
 302 NC 131 HWY
 BLADENBORO, NC 28320
 NA - BLADEN COUNTY

Ballot: G001
 CLETUS E DOWLESS
 PCT/VD: P15/P15
 11/06/2018 - GENERAL

Muni:

Approval Date:

Primary Request or Runoff Request
 I certify that a Second Primary (or Runoff Election) is called, and that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I request that continued or expected illness or disability. I request that this application be a request for absentee ballots for any other election to be held this calendar year in which I am eligible to vote.

Signature (if applicable)

2 NC 131 Hwy Bladenboro NC
 here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

St

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Carrie Gibson</i> Street Address (Required) 9592 NC 41 Hwy W City, State and Zip (Required) Bladenboro NC 28320 Date 10-6-18	Signature (Required) <i>Ronnie E. Dowless</i> Street Address (Required) 1437 PAUL BRIGGS City, State and Zip (Required) Bladenboro NC Date 28320

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-309)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DANIEL ROSS DOWLESS
684 PAUL BRISSON RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
DANIEL ROSS DOWLESS
PCT/VD: P15/R15
11/06/2018 - GENERAL

Muni:

1585 and Absentee Ballot

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed in the presence of the Voter and the Voter's privacy, unless I assisted the Voter at [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 3076 EASYTON	Street Address (Required) 684 Paul Brissan
City, State and Zip (Required) BLADENBORO NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 11-29-18	Date 11-29-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the 9 day of 29, 2018, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JESSICA KAREN DOWLESS
 2768 TWISTED HICKORY RD
 ELIZABETHTOWN, NC 28337

REP. BLADEN COUNTY



Ballot G001
 JESSICA KAREN DOWLESS
 P01/VTD P501/P501 Muni:
 11/08/2018 GENERAL

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check this box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check this box to receive eligible ballots.)

Signature of Voter (if applicable):

Address where application and ballots should be mailed:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification);

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of Voter (Required):

-18
 Date

Name Correction (if applicable):

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant:

Address of Assistant:

X

Signature of Assistant:

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witness as described in the WARNING on the flap of this envelope. The voter marked the ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed in my presence. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at the voter's request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required): Roger S. Eason	Signature (Required): Lisa Bruch
Street Address (Required): 101 Edwards Ave	Street Address (Required): 303 Pizar St
City, State and Zip (Required): Bladenboro, NC 28320	City, State and Zip (Required): Bladenboro, NC
Date: 10-3-18	Date: 10

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses are Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in his/her presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am not disqualified from witness as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JUDY BRYAN DOWLESS
 684 PAUL BRISSON RD
 BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
 JUDY BRYAN DOWLESS
 PCT/VTD:P15/P15
 11/06/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request.
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of Voter (Required)

29-2018

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed in my presence, or caused it to be signed in the Voter's presence, or caused it to be signed in the presence of the Voter, unless I assisted the Voter at complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Daniel R. Jacobs</i>	Signature (Required) <i>Wade B. Burt</i>
Street Address (Required) 684 Paul Brisson Rd	Street Address (Required) 3070 G. G. St.
City, State and Zip (Required) Bladenboro NC	City, State and Zip (Required) Bladenboro NC
Date 9-29-2018	Date 9-29-2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the 9 day of 29, 2018, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed in my presence, or caused it to be signed in the presence of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTES: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF

COUNTY OF

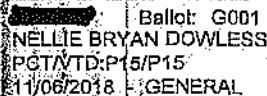
Notary Public

Commission

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of the facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

UNAL - BLADEN COUNTY



Munis

Board Approval Date:

☒ In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Classification of Voter (If applicable)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the *Witnesses' Certification*)
- OR
- ☐ a notary public (the notary must complete **Option 2** of the *Witnesses' Certification*)

5

5

Name Correction (If applicable)

Absentee Certification (if applicable)
 I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from voting described in the WARNING on the flap of this envelope. • The Voter marked my presence, or caused it to be marked in the Voter's presence according to the instructions on the back of this envelope. • The Voter signed this Absentee Application and Certificate, or caused it to be signed by someone else, without revealing the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter [complete Voter Assistant Certification section].

Witness #1

Witness: _____

Signature (Required)

where

44 Paul Bremer Rd
Street Address (Required)

3076 G4

City, State and Zip (Required) Blacksburg NC 27701 9-29-18 Date

Street Address (Required)
BIADENBO
City, State and Zip (Required)
28320

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the 9-8-72 day of 29, 20
personally appeared before
identified, and in my presence, the Voter marked the enclosed ballot, or caused it to
presence according to his/her instruction. The Voter signed this Absentee Affidavit
caused it to be signed. I am at least 18 years old - I am not disqualified from voting
described in the WARNING on the flap of this envelope. I respected the secrecy of the
of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistance]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMUEL PAUL DOWLESS
 2766 TWISTED HICKORY RD
 ELIZABETH TOWN, NC 28337

REP - BLADEN COUNTY



Ballot: G001

SAMUEL PAUL DOWLESS
 PCT/VTD: P501/P501

Muni:

11/06/2018 - GENERAL

Board Approval Date:

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter, voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her request. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed in the presence of the Voter and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Kinger S. Eason</i>	Signature (Required) <i>Rosa Britt</i>
Street Address (Required) 401 Edwards Ave.	Street Address (Required) 303 Acorn St S
City, State and Zip (Required) Bladenboro, NC 28301	City, State and Zip (Required) Bladenboro, NC 28301
Date: 10-2-18	Date: 10-2-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence of the Voter according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed in the presence of the Voter and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of the facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SANDRA HOOKS DOWLESS
303 PECAN ST #3F
BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
SANDRA HOOKS DOWLESS
PCT/VD-P202/P202 Muni: 20
11/08/2018 GENERAL

Board Approval Date:

☐ Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

28-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witness presence according to the WARNING on the flap of this envelope. The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to the Voter's instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witness presence according to the WARNING on the flap of this envelope. I respected the secrecy of the ballot, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required)</p> <p>303 Pecan St 3F</p> <p>Bladenboro, NC 28320</p> <p>City, State and Zip (Required)</p>	<p>Signature (Required)</p> <p>303 Pecan St</p> <p>Bladenboro, NC</p> <p>City, State and Zip (Required)</p>
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, _____, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

STEPHEN EDISON DOWLESS
 499 EVERS RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 STEPHEN EDISON DOWLESS
 PCT/VD:P15/P15 Muni:
 11/06/2018 - GENERAL

Ballot Approval Data

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ Option 2 of the Witnesses'

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witness described in the WARNING on the flap of this envelope. The Voter marked the my presence, or caused it to be marked in the Voter's presence according to his. The Voter signed this Absentee Application and Certificate or caused it to be signed the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter to complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required)</p> <p><i>Lisa Britt</i></p> <p>303 Pecan St 3F</p> <p>Bladenboro, NC 28320</p> <p>City, State and Zip (Required)</p>	<p>Signature (Required)</p> <p><i>James R. Scott</i></p> <p>1215 GERRARD</p> <p>BLADENBORO, NC</p> <p>City, State and Zip (Required)</p>
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application, caused it to be signed. I am at least 18 years old. I am not disqualified from witness described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CE DRAYTON
 ORGE W KELLY RD
 KTON NC 28433

BLADEN COUNTY

Ballot: G003

RACE DRAYTON
 T/VTD: P25/P25
 /06/2018 - GENERAL

Muni: 25

provaldate

Primary Request or Runoff Request

ant that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

continued or expected illness or disability, I request that cation be a request for absentee ballots for any other to be held this calendar year in which I am eligible to o. (Check the box to receive eligible ballots.)

(Voter, if applicable)

ere application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a

St.

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) DEBORAH MORRIS	Signature (Required) Sarah Guin
Street Address (Required) 614 E. Hatched Rd	Street Address (Required) 1819 Vine St.
City, State and Zip (Required) COUNCIL BLVD 28434	City, State and Zip (Required) Charlotte NC 28391
Date 10-5-18	Date 10-5-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

ERTHA LEWIS DRAYTON
ORGE WICKLY RD
KTON NC 28433

- BLADEN COUNTY



Ballot: G003
ERTHA LEWIS DRAYTON
VTD: P25/P25 Muni: 25
8/2018 - GENERAL

Approval Date: 8/15/18

Primary Request or Runoff Request

ent that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me, to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

continued or expected illness or disability, I request that location be a request for absentee ballots for any other to be held this calendar year in which I am eligible to be. (Check the box to receive eligible ballots.)

If Voter (if applicable)

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Deborah Monroe</i>	Signature (Required) <i>John Monroe</i>
Street Address (Required) <i>461 Clyde Hatcher Rd</i>	Street Address (Required) <i>108 Lewis Dr</i>
City, State and Zip (Required) <i>Council N.C. 28434</i>	City, State and Zip (Required) <i>Elizabeth NC 28532</i>
Date <i>10-5-18</i>	Date <i>10/5/18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me; was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-30.)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JA JERNIGAN DUCKWORTH
ARSON ST
ENBORO, NC 28320

BLADEN COUNTY



Ballot: G001

JA JERNIGAN DUCKWORTH

NTD/P201/P201

Muni: 20

10/20/18 GENERAL

Approval Date

Primary Request or Runoff Request

I request that a Second Primary (or Runoff Election) be called, so that an absentee application and ballot be issued to me called to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I continued or expected illness or disability. I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required)</p> <p><i>Robert Ralph Duckworth</i></p> <p>200 Parson Street</p> <p>Street Address (Required)</p> <p>Bladenboro NC 28320</p> <p>City, State and Zip (Required)</p> <p>10-5-18</p> <p>Date</p>	<p>Signature (Required)</p> <p><i>Wendy D. Hunter</i></p> <p>371 Sunset Park Rd</p> <p>Street Address (Required)</p> <p>Bladenboro, NC 28320</p> <p>City, State and Zip (Required)</p> <p>10-5-2018</p> <p>Date</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary public may not charge a fee for witnessing and attesting a notarial act to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FUS RALPH DUCKWORTH III
PARSON ST
DENBORO NC 28320

AT: BLADEN COUNTY



Ballot: G001
FUS RALPH DUCKWORTH III
TVTD:P201/P201 Munk: 20
06/2018 - GENERAL

Approved

and Primary Request or Runoff Request
event that a Second Primary (or Runoff Election) is called, test that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballots.)

ual Request for Illness/Disability
to continued or expected illness or disability, I request that application be a request for absentee ballots for any other ons to be held this calendar year in which I am eligible to pated. (Check the box to receive eligible ballots.)

are of Voter (if applicable)

is where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Date

10-5-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

Witness #1	Witness #2
<p>Donna Dorian Duckworth</p> <p>Signature (Required)</p> <p>300 Parson ST</p> <p>Street Address (Required)</p> <p>Bladenboro NC 28320</p> <p>City, State and Zip (Required)</p> <p>10-5-18</p> <p>Date</p>	<p>Wendy P. Heath</p> <p>Signature (Required)</p> <p>371 Sunset Park Rd</p> <p>Street Address (Required)</p> <p>Bladenboro NC 28320</p> <p>City, State and Zip (Required)</p> <p>10-5-2018</p> <p>Date</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the VC _____ personally appeared before me, was positively identified; and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the VC's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-104)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DR. OMAR DUDLEY
MOUTRIE LN
BETH TOWN, NC 28607

BLADEN COUNTY



Ballot: G003

FOR OMAR DUDLEY

RTVD: P501/P501

Muni:

16/2018 GENERAL

Approval Date:

Primary Request or Runoff Request
I certify that a Second Primary (or Runoff Election) is called, and that an absentee application and ballot be issued to me. (Check the box to receive eligible ballot.)

I Request for Illness/Disability
I am continuing or expected illness or disability. I request that I be allowed to request absentee ballots for any other election held this calendar year in which I am eligible to vote.

16-4-18
09 MOUTRIE LANE
BETH TOWN, N.C. 28607

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Roosevelt Dudley	Signature (Required) Janet Potvin
Street Address (Required) 1009 MOUTRIE LN.	Street Address (Required) 1009 MOUTRIE LN.
City, State and Zip (Required) ELIZABETH TOWN, N.C. 28607	City, State and Zip (Required) ELIZABETH TOWN, N.C. 28607
Date 10-4-18	Date 10-4-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 103-50.)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

233 of 796

JOSEVELT DUDLEY JR.
009 MOULTRIE LN
LIZABETH TOWN, NC 28337

EM 33 BLADEN COUNTY



Ballot: G003
JOSEVELT DUDLEY JR
CT/VTD: P501/P501
1/06/2018 - GENERAL

Muni:

Approval Date:

and Primary Request or Runoff Request
I request that a Second Primary (or Runoff Election) be called, just that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballot.)

ual Request for Illness/Disability
to continued unexpected illness or disability, I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

09 Elizabeth Town, NC

Where application and ballots should be mailed

8337

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Date:

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date:

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Judy Pote</i>	Signature (Required) <i>Judy Pote</i>
Street Address (Required) <i>P.O. Box 2481</i>	Street Address (Required) <i>1009 Moultrie Ln</i>
City, State and Zip (Required) <i>Elizabeth Town, NC</i>	City, State and Zip (Required) <i>Elizabeth Town, NC</i>
Date <i>10-4-18</i>	Date <i>10-4-18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10-2-3)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

LEEN DUPREE
VMA ST
BETH TOWN NC 28337

BLADEN COUNTY



Ballot: G003

LEEN DUPREE

WTD:P501/P501

06/2018 - GENERAL

Muni:

Valid Date:

Primary Request or Runoff Request

If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me I to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

If I am expected illness or disability, I request that I be a request for absentee ballots for any other 5 to held this calendar year in which I am eligible to. (Check the box to receive eligible ballots.)

Other (if applicable):

A application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter

Date

Signature of Voter

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Lola Wooten</i>	Signature (Required) <i>DEBORAH mance</i>
Street Address (Required) <i>108 Lewis Dr</i>	Street Address (Required) <i>8121 de Hatched Rd</i>
City, State and Zip (Required) <i>Elizabeth town NC 28337</i>	City, State and Zip (Required) <i>NC 28434</i>
Date <i>10/1/18</i>	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 102-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

OPHER DELYNN EASON
WARDS AVE
BORDO NC 28320
BLADEN COUNTY

Ballot: G001
ISTOPHER DELYNN EASON
NTD:P202/P202 Munk: 20
5/2018 - GENERAL

Request for Second Primary or Runoff Request
If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
If I am unable to appear at the polls because of an expected illness or disability, I request that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

(If applicable)
Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ a notary public (OR) I am completing Option 2 of the Witnesses'

28-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope; The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction; The voter signed this Absentee Application and Certificate, or caused it to be signed; I respected the secrecy of the ballot and the voter's privacy; unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Hiram S. Eason	Signature (Required) Karin Spurling
Street Address (Required) 401 Edwards Ave	Street Address (Required) 104 Evey St
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 9-28-18	Date 9-28-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old; I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope; I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____
COUNTY OF _____
Notary Public
Commission Expiration Date: _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

GINGER SHEA EASON
40 MEDWARDS AVE
BEADENBORO, NC 28320

UNA - BEADEN COUNTY

Ballot: G001
GINGER SHEA EASON
PCT/NTD: P202/P202
11/06/2018 - GENERAL

Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

9-27-18

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

James R. Sontag
Signature (Required)
1216 WEBB FOLK RD
Street Address (Required)
BEADENBORO, NC 28320
City, State and Zip (Required)

Brian Sparling
Signature (Required)
104 Ivy St
Street Address (Required)
Beaumont
City, State and Zip (Required)

9-27-18

NC 28320

Date

Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter

identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108-6)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DWAYNE EASON
11 E PARK RD
BLADENBORO, NC 28320
BLADEN COUNTY

Ballot: G001
RY DWAYNE EASON
I/VTD: P202/P202
06/2018 - GENERAL

Muni:

Ballot Date:

Primary Request or Runoff Request

I am requesting that a Second Primary (or Runoff Election) be called, at an absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

Unwed or expected illness or disability. I request that I be a request for absentee ballots for any other I be held this calendar year in which I am eligible to (Check the box to receive eligible ballots.)

Other (if applicable):

Application and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable):

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant:

Address of Assistant:

X

Signature of Assistant:

Date:

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>[Signature]</i>	<i>[Signature]</i>
Street Address (Required): 2007 Westmont St Bladenboro NC	Street Address (Required): 104 Ivey St. Bladenboro NC 28320
City, State and Zip (Required): 10/9/18	City, State and Zip (Required): 10/9/18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-30).

STATE OF:

COUNTY OF:

Notary Public:

Commission Expiration Date:

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, (was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S.G. 106-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commissioner Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative; For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Delivered By Daughter

VIRGINIA KAY EASON
401 EDWARDS AVE
BLADENBORO, NC 28320

UNA BLADEN COUNTY

Ballot: G001
VIRGINIA KAY EASON
PCT/VD: P202/P202
11/06/2018 - GENERAL

Muni: 20

Primary Request or Runoff Request
I request that a Second Primary (or Runoff Election) be called, so that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
Continued or expected illness or disability. I request that I be a request for absentee ballots for any other election to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

(Voter if applicable)

My application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am assistance because a near relative or verifiable legal guardian, or I am providing assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

401 Edwards Ave.

1216 WEBB FARM RD

Bladenboro n.c. 28320

BLADENBORO, NC 28320

City, State and Zip (Required)

City, State and Zip (Required)

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter

identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate; I caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section)

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-9)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

all voters: a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

NO contact
info - GPW

GEDGE
 OOD ESTATES DR
 WNC 28337
 N COUNTY

Ballot: G004
 G EDGE
 /P501
 GENERAL

Request or Runoff Request
 Second Primary (or Runoff Election) is called,
 absentee application and ballot be issued to me
 (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I, expected illness or disability, I request that
 a request for absentee ballots for any other
 calendar year in which I am eligible to
 the box to receive eligible ballots.)

Signature of Voter (Required)
 Date
 on and ballots should be mailed

Voter's Certification

I am applying for an absentee ballot as an affiliate of _____.
 All information represents to vote in this election.
 I am voting label. If the party indicated for

I further certify that I am not a voter in any other jurisdiction.

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence, according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Anita C. Edgar	Signature (Required) Marion W. E.
Street Address (Required) 2202 First Ave	Street Address (Required) 33 Morganwood Est
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date 10/4/18	Date 10/4/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 160-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

candidate, UNLESS the candidate is the voter's near relative;

patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that organization, or who is a campaign manager or treasurer for any candidate or political party.

MARCUS WAYNE EDGE
33 MORGANWOOD ESTATES DR
ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
MARCUS WAYNE EDGE
PCT/VD:P501/P501
11/08/2018 - GENERAL

Munl:

Board Approval Date: 11/08/2018

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am assistance because a near relative or verifiable legal guardian, or I am providing assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSRF 10/18/18

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Marcus W. Edge</i>	Signature (Required) <i>Katherine K. Edge</i>
Street Address (Required) 2202 First Ave	Street Address (Required) 33 Morgan Wood Est
City, State and Zip (Required) Elizabethtown, NC 28337	City, State and Zip (Required) Elizabethtown, NC 28337
Date 10/4/18	Date 10-4-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S.G. 7-10)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEA

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BOBBIE JEAN EDWARDS
 104 PECAN ST #3C
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 BOBBIE JEAN EDWARDS
 PCT/VTD: P202/P202
 11/06/2018 - GENERAL

Muni: 20

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

24-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot, my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
512 Pine Ridge Street Address (Required)	219 Hemlock Drive Street Address (Required)
Bladenboro, NC City, State and Zip (Required)	Bladenboro NC 2832 City, State and Zip (Required)
28320 10-24-18 Date	10-24-18 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 1-202)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters: a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political organization for who is a campaign manager or treasurer for any candidate or political party.

DWARDS

IC 28320

COUNTY

dt: G001

DWARDS

202

Muni: 20

NERAL

Request for Runoff Request

and Primary (or Runoff Election) is called, this application and ballot be issued to me (check the box to receive eligible ballots.)

Request for Absentee Ballot

expected illness or disability, I request that I be provided an absentee ballot for any other election in the calendar year in which I am eligible to vote (check the box to receive eligible ballots.)

able)

and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of Voter (Required)

11-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Robert A. Landreth	Robert A. Landreth
Signature (Required)	Signature (Required)
Robert A. Landreth	Robert A. Landreth
Street Address (Required)	Street Address (Required)
106 Village St.	10127 NC HWY 131
City, State and Zip (Required)	City, State and Zip (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affording a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate; UNLESS the candidate is the voter's near relative.
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

DEBORAH BRISSON EDWARDS
 157 LUTHER BRISSON RD
 BEADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 DEBORAH BRISSON EDWARDS
 PCT/MTD:P202/P202 Munt.
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am assistance because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed in the presence of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required) *W. J. D. Hester* *Dan King*
 Date Address (Required) *311 Russell Park Rd* *600 North Main*
 City, State and Zip (Required) *Wadesboro NC 28390* *Bladenboro NC*
 Date *9/30/2018* *9/30*

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in his/her presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and that of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).
 NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application and certificate.

STATE OF _____

COUNTY OF _____

Notary Public

NC SB 2018-02

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

GLADYS JANE EDWARDS
 314 5TH ST
 BLADENBORO, NC 28320

DEM - BLADEN COUNTY



Ballot: 0001
 GLADYS JANE EDWARDS
 PCT/VTDP201/P201
 11/08/2018 - GENERAL

Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instructions; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. The voter marked the ballot in my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. The voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the voter and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>W. J. Edwards</i>	Signature (Required) <i>W. J. Edwards</i>
Street Address (Required) 314 5TH STREET	Street Address (Required) 401 EDWARDS AVE
City, State and Zip (Required) BLADENBORO, N.C. 28320	City, State and Zip (Required) Bladenboro, N.C.
Date 10-8-18	Date 10-8-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, _____, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in presence according to his/her instructions. The voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JOEL EDWARDS
72 RONALD BRITT RD
BLADENBORO NC 28320

UNA - BLADEN COUNTY



Ballot: G001

JOEL EDWARDS
PCT/VTD:P202/P202 Muni:
11/08/2018 - GENERAL

Signature Approval Date

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Nature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10/15/18

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Paula Add Edwards	Steen Q...
Signature (Required)	Signature (Required)
72 Ronald Britt Rd	8 ECLM ST
Street Address (Required)	Street Address (Required)
Bladenboro	Elizabeth NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
NC 28320	10/15/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 1-202)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

5E

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
 (1) a candidate, UNLESS the candidate is the voter's near relative;
 (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EDWARDS
MILL RD
D, NC 28320

EN COUNTY

Ballot: G001
OX EDWARDS
202/P202
- GENERAL

Munl: 20

Request or Reason for Request
 Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me (Check the box to receive eligible ballots.)
for Illness/Disability
 I request that I be issued an absentee ballot for any other reason in which I am eligible to be issued an absentee ballot.

Card

and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an **Unaffiliated** voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ Certification

X
Signature of Voter (Required)

10-8-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction, and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Deborah B. Edwards</i>	Signature (Required) <i>Wendy D. Hester</i>
Street Address (Required) 157 Luther Bussan Rd	Street Address (Required) 3413 S. J. Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-8-18	Date 10-8-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).
 NOTE: A notary may not charge any fee for witnessing and attesting a notarial seal to an absentee ballot application or certificate. (C.S. § 10B-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires Date _____

SEAL

NCSBE \2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PAULA TODD EDWARDS
72 RONALD BRITT RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
PAULA TODD EDWARDS
PCT/VTD: P202/P202
11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of

11/5/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE V2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Paul Edwards</i>	Signature (Required) <i>Paul Edwards</i>
Address (Required) 72 Ronald Britt Rd	Address (Required) 72 Ronald Britt Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 11-5-18	Date 11-5-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the _____ identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 1-202)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SE

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Medical Request for Illness/Disability

Due to continued or expected illness or disability, I request that an application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SAMUEL HOUSTON EDWARDS
 69 LUTHER BRISSON RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 SAMUEL HOUSTON EDWARDS
 PCT/VD:P202/P202 Muni:
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

2-18

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the enclosed my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate or caused it to be signed in the presence of the ballot and the voter's privacy, unless I assisted the voter at his/her (complete Voter Assistant Certification section).

Witness #1

Witness #2

Samuel Edwards
 Signature (Required)

Mr. D. P. White
 Signature (Required)

157 Luther Brissan Rd
 Street Address (Required)

3715 Sunset Park Dr
 Street Address (Required)

Bladenboro NC 28320
 City, State and Zip (Required)

Bladenboro, NC 28320
 City, State and Zip (Required)

10-2-18
 Date

10-2-18
 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was

identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The voter signed this Absentee Application and Certificate or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RDS JR

RO, NC 28320

ADEN COUNTY

Ballot ID: G001

/ARDS JR

PF201/P2101

81 - GENERAL

Muni: 20

Request for Runoff Request

A Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me.
 (Check the box to receive eligible ballots.)

Request for Illness/Disability

For expected illness or disability, I request that a request for absentee ballots for any other election this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Applicable

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application.
 • All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
314 5th Street	314 5th Street
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
11-01-2018	11-01-2018
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date: _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

W.J. EDWARDS SR
314 5TH ST
BLADENBORO, NC 28320

DEM - BLADEN COUNTY



Ballot: G001
W.J. EDWARDS SR
PCT/VD:P201/P201
11/08/2018 - GENERAL

Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

1-8-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old • I am not disqualified from witnessing the described in the WARNING on the flap of this envelope • The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
 Signature (Required) Street Address (Required) City, State and Zip (Required)	 Signature (Required) Street Address (Required) City, State and Zip (Required)
314 5th Street Bladenboro, NC 28320 10-8-18	401 Edwards Ave Bladenboro, N.C. 28320 10-8-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, I was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction • The Voter signed this Absentee Application and Certificate • I am at least 18 years old • I am not disqualified from witnessing and caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not attempt and fail for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

for all voters: a candidate, UNLESS the candidate is the voter's near relative;
for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ACKSON ELLIS
JG STONE LN
CO, NC 28320

JEN COUNTY

Ballot: G001
ACKSON ELLIS
01/P201
GENERAL

Muni:

Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required)

-30-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 315 Forest Dr.	Street Address (Required) 315 Forest Dr.
City, State and Zip (Required) Bladenboro, N.C. 28320	City, State and Zip (Required) Bladenboro, N.C. 28320
Date 10-30-18	Date 10-30-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30).

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELLISON
R
N: NC 28433
ADEN COUNTY

Ballot: G002
13 ELLISON
5: P757275
18 GENERAL
Muni:

Primary Request or Runoff Request
If a Second Primary (or Runoff Election) is called, I am requesting an absentee application and ballot be issued to me to vote. (Check the box to receive eligible ballots.)

Request for Illness or Disability
If I am expected to be ill or disabled, I request that I be a request for absentee ballots for any other election held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

or (if applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Wanda Morrow 123 Charles DR
Name of Assistant Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence, according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Wanda Morrow	Signature (Required) James C. Willis
Street Address (Required) 123 Charles DR	Street Address (Required) Blk White Plains Ch. Rd
City, State and Zip (Required) Carrboro, NC 28434	City, State and Zip (Required) Clarkton, NC 28433
Date 11/4/18	Date 11-4-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-39)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county, or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONNA LOCKLEAR EVANS
 14970 NC 242 HWY S
 BLADENBORO, NC 28320

REP. - BLADEN COUNTY



Ballot: G001
 DONNA LOCKLEAR EVANS
 PCT/VTD: P201/P201
 11/06/2018 GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable):

Address where application and ballots should be mailed:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of Voter (Required):

Name Correction (if applicable):

Date:

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant:

Address of Assistant:

X

Signature of Assistant:

Date:

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required): <i>Oliver M. Evans</i>	Signature (Required): <i>Whitney P. Hark</i>
Street Address (Required): 14970 NC 242 HWY SOUTH	Street Address (Required): Bladenboro, NC 28320
City, State and Zip (Required): Bladenboro, NC 28320	City, State and Zip (Required): Bladenboro, NC 28320
Date: 10/25/2018	Date: 10-25-

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I, _____, personally appeared before me, _____, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

D FRANKLIN EVERS
 UTHUR BRISSON RD
 ENBORO, NC 28320

BLADEN COUNTY

Ballot G001
 DFD FRANKLIN EVERS
 TVID: P202/P202
 06/20/18 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)
 Deborah B. Edwards

Signature (Required)
 Wendy D. Pletcher

Street Address (Required)
 157 Uthur Brisson Rd

Street Address (Required)
 371 Sunset Park Rd

City, State and Zip (Required)
 Bladenboro NC 28320

City, State and Zip (Required)
 Bladenboro NC 28320

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter _____ personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary who charges any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate, N.C.S.B. § 163-20.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 15 2018

NAME: EVANS, EMARIE
ADDRESS: 3886 Mitchell Ford Rd, Bladen Co, NC 28433
COUNTY: BLADEN COUNTY
Municipality: Munt:
Ballot: G001
Voter ID: P10/P10
Date: 11/7/18
Type: GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

10/7/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 3886 Mitchell Ford Rd	Street Address (Required) 3886 Mitchell Ford Rd
City, State and Zip (Required) Clarkston NC 28433	City, State and Zip (Required) Clarkston NC 28433
Date 10/7/18	Date 10/7/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 103-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OTIS MITCHELL EVANS
 14970 NC 242 HWY S
 BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001

OTIS MITCHELL EVANS

PCT/VTD: P201/P201

11/08/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ Two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of voter (Required)

11/25/2018

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope; The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Danna D. Evans</i>	Signature (Required) <i>Wendell Smith</i>
Street Address (Required) 14970 NC 242 Hwy S	Street Address (Required) 3195 Smith Rd
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 11/25/18	Date 11/25/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, _____, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old; I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope; I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and adding a notarial seal to an absentee ballot application or certificate, N.C. § 1-202.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSEE v2018.02

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

A LEE EVANS
ITE OWL LOOP RD
ENBORO, NC 28320

BLADEN COUNTY

Ballot # G001
A LEE EVANS

NCD: P202/P202
5/2018 - GENERAL

Mun:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Y
5'

7/2018
Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the Voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Wendy D. Hester, Bladenboro, NC 28320
Name of Assistant Address of Assistant

X Wendy D. Hester 9/27/2018
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Wendy D. Hester
Signature (Required)

Wendy D. Hester
Signature (Required)

311 Sunset Park Road
Street Address (Required)

204 White Owl Loop Road
Street Address (Required)

Bladenboro, NC 28320
City, State and Zip (Required)

Bladenboro, NC 28320
City, State and Zip (Required)

9-27-2018
Date

9/27/2018
Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter _____ personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 163A-108-10

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 15 2018

BREEANNA EVANS TIME REC'D BY
CHELL FORD RD BLADEN CO. BD. OF ELECTIONS
DN NC 28433

BLADEN COUNTY

Ballot: G001
BREEANNA EVANS
D-P10/P10 Muni:
018 - GENERAL
Valid Date: 10/12/18

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Signature: [Signature] Date: 10/12/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
Signature (Required) Don C Evans	Signature (Required) [Signature]
Street Address (Required) 3886 N Mitchell Ford Rd	Street Address (Required) [Address]
City, State and Zip (Required) Clarkton NC 28433	City, State and Zip (Required) Clarkton NC 28433
Date 10/12/18	Date 10/12/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30].

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters, a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization for who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

15

RECEIVED

NOV 05 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OFF

TIME _____ REC'D BY _____
ELECTIONS

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter. I am not an affiliate of the political party indicated on the ballot. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

Nov. 3rd 2018

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)
Dorinda M. Ezzeel

Signature (Required)
Dorinda M. Ezzeel

Street Address (Required)
2035 Mote Rd.

Street Address (Required)
2035 Mote Rd.

City, State and Zip (Required)
Harrells NC 28444

City, State and Zip (Required)
Harrells NC 28444

Date
11-3-18

Date
11-3-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 103-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

TYNE DEONA FARMER
 300 HILL ST
 ELIZABETHTOWN, NC 28337

DEM BLADEN COUNTY



Ballot: G005
 TYNE DEONA FARMER
 PCT/VID: P502/P502
 11/08/2018 - GENERAL

Muni: 60

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Date: 5-18-2018

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Michelle Anderson</i>	Signature (Required) <i>Memorro</i>
Street Address (Required) 300 Hill ST	Street Address (Required) 123 Charles Dr
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Covington NC 2843
Date 10/18/18	Date 10/18/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-6)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEA

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If Applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANGILA RENEE FERGUSON
 428 S ASHE ST #4
 BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
 ANGILA RENEE FERGUSON
 PCT/VD: P201/P201 Muni: 20
 11/08/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. The secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her complete Voter Assistant Certification section.

Witness #1

Witness #2

Signature (Required) *Morgan D. Eason* *Angela K. Eason*
 Street Address (Required) *401 Edwards Ave* *505 Schenck St*
 City, State and Zip (Required) *Bladenboro NC 28320* *Bladenboro NC 28320*
 Date *10-11-18* *10/11*

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).
 NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELTWELL
IN ST #2F
3030 INC 28320

LADEN COUNTY

Ballot: G001
ELTWELL
P202/P202
18 GENERAL

Muni: 20

Early Request or Runoff Request
at a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
ed or expected illness or disability, I request that I be a request for absentee ballots for any other held this calendar year in which I am eligible to check the box to receive eligible ballots.)

If applicable:

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

CLADENBORO NC 28320-28320

CLADENBORO NC 28320-28320

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary public may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 103-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statute.

The following people are **PROHIBITED** from signing the Witnesses' Certification:
For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or party or organization, or who is a campaign manager or treasurer for any candidate or political party; and (3) an individual who holds office in a State, congressional district, county or

CAMERON KHALIL FIELDS
 1171 GRAHAM RD
 RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

Ballot: G002
 CAMERON KHALIL FIELDS
 PCT/VTD: P30/P30
 11/06/2018 - GENERAL

Board Approval Date: _____

- ☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)
- ☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR

☐ I am completing Option 2 of the Witnesses' Certification

Signature _____

Date 10/10/18

Name Correction (if applicable) _____

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is Present)

I certify that: I am at least 18 years old. I am not disqualified by law to witness the casting of my absentee ballot. I am present, or caused it to be marked in the voter's presence. The voter signed this Absentee Application and Certificate, the secrecy of the ballot and the voter's privacy, unless I complete Voter Assistant Certification section.

Witness #1		Witness #2	
Signature (Required)	<i>[Signature]</i>	Signature (Required)	<i>[Signature]</i>
Street Address (Required)	1171 Graham Rd	Street Address (Required)	1171
City, State and Zip (Required)	Riegelwood, NC 28456	City, State and Zip (Required)	Riegelwood, NC 28456
Date	10-10-18	Date	10-10-18

Option 2: Notary Public is Present
 (Required Unless Two Witnesses are Present)

I certify that: on the _____ day of _____, I personally identified, and in my presence, the voter marked the enclosed ballot according to his/her instruction. The voter signed this caused it to be signed. I am at least 18 years old. I am not disqualified by law to witness the casting of my absentee ballot. I am present, or caused it to be marked in the voter's presence. The voter signed this Absentee Application and Certificate, the secrecy of the ballot and the voter's privacy, unless I complete Voter Assistant Certification section.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot.

STATE OF _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHRYSTAL MARIE FISHER
 1123 NC 20 HWY
 ST. PAULS, NC 28384

REP. BLADEN COUNTY



Ballot: G004
 CHRYSTAL MARIE FISHER
 PCT/VTD: P60/P60
 11/06/2018 - GENERAL

Muni:

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

5

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Conced L Hall</i>	Signature (Required) <i>Edison Hall</i>
Street Address (Required) 1123 NC Hwy 20 E	Street Address (Required) 1123 NC Hwy 20 E
City, State and Zip (Required) TAR HEEL, NC 28392	City, State and Zip (Required) TAR HEEL, NC 28392
Date 10/11/18	Date 10/11/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 162)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For all voters: a candidate, UNLESS the candidate is the voter's near relative, **For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county, or other political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EUGENE R FLOYD SR
473 LONGVIEW RD
KELLY, NC 28448

DEM - BLADEN COUNTY



Ballot: G002
EUGENE R FLOYD SR
ECT/VTD P56/P55
1/08/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

St:

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 801 Stephens Church Rd	Street Address (Required) 1302 Canal Dr
City, State and Zip (Required) Wilmington, NC 28411	City, State and Zip (Required) Carolina Beach, NC 28424
Date 10/26/18	Date 10/26/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30f)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of the facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

KIMBERLY EARLENE GADSON
 136 FRANK MELVIN RD
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
 KIMBERLY EARLENE GADSON
 PCT/VD:P35/P35 Muni:
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of Voter (if applicable) _____

Name Correction (if applicable) _____

Date 10/24/18

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from voting described in the WARNING on the flap of this envelope. • The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to the instructions. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter in completing the Voter Assistant Certification section.

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Elizabeth town NC 28337 10/24/18

136 Frank Melvin Rd
 Elizabeth town NC 28337

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, _____, a Notary Public, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked, and in my presence, the Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from voting described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DOVE GAUSE
 ABBOTTSBURG RD
 BORO NC 28320
 BLADEN COUNTY

Ballot: G001
 ENE DOVE GAUSE
 VTD: P201/P201
 3/2018 - GENERAL

Muni:

Reval Date:

Primary Request or Runoff Request
 nt that a Second Primary (or Runoff Election) is called,
 hat an absentee application and ballot be issued to me
 id to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 ntinued or expected illness or disability, I request that
 ation be a request for absentee ballots for any other
 to be held this calendar year in which I am eligible to
 te. (Check the box to receive eligible ballots.)

if Voter (if applicable)

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, regis-
 tered as an affiliate of the political party indicated on this application
 • All information represented on this application is correct. I am entitled
 to vote in this election. If I am an *Unaffiliated* voter voting in a primary
 election, I am voting in the party primary indicated on the attached
 label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for
 me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not
 disqualified by law to witness the casting of my absentee ballot (the
 witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses'

Signature of Voter (required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the
 Voter by marking the ballot only according to the Voter's instruction;
 and/or I assisted the Voter in completing the Absentee Application and
 Certificate • I assisted the Voter only in the Voter's presence • I am
 the Voter's near relative or verifiable legal guardian, or I am providing
 assistance because a near relative or legal guardian is unavailable to
 assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as
 described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in
 my presence, or caused it to be marked in the Voter's presence according to his/her instructions •
 The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected
 the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request
 (complete Voter Assistant Certification section).

Witness #1

Signature (Required)

4471 Old ABBOTTSBURG RD

Bladenboro N.C. 28320

City, State and Zip (Required)

10/18/18

Date

Witness #2

Signature (Required)

4455 Old ABBOTTSBURG RD

Bladenboro NC 28320

City, State and Zip (Required)

10/18/18

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter
 personally appeared before me, was positively
 identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's
 presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or
 caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as
 described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy
 of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

WALTERS GAUSE
 1 HAMMOND DR
 DRO, NC 28320

ADEN COUNTY



Ballot: G001
 WALTERS GAUSE
 P15/P15 Muni:
 18 GENERAL

at Date

Request or Runoff Request
 at a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 ed or expected illness or disability, I request that be a request for absentee ballots for any other held this calendar year in which I am eligible to tick the box to receive eligible ballots.)

(if applicable)

lication and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public/therapist/attorney in Option 2 of the Witnesses'

X

Signature of Voter

1/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

85 Marvin Hammond Dr.
 City, State and Zip (Required)

10839 NC 41 W
 City, State and Zip (Required)

Bladenboro, NC

Date 1/18

Bladenboro, NC

Date 1/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

PHILLIP GAUSE
IN HAMMOND DR
BORO, NC 28320

LADEN COUNTY



Ballot: G001

VE PHILLIP GAUSE

VTD: P15/R15

3/2018 - GENERAL

Val Date

Primary Request or Runoff Request

that a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I request that on be a request for absentee ballots for any other to hold this calendar year in which I am eligible to Check the box to receive eligible ballots.)

or (if applicable)

application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Phillip Gause	Signature (Required) M. Gause
Street Address (Required) 85 Marvin Hammond Dr	Street Address (Required) 10859 NC 41 W
City, State and Zip (Required) Bladenboro, NC	City, State and Zip (Required) Bladenboro, NC
Date 1/1/18	Date 1/1/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 103-50).

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MILTON TIMOTHY GAUSE
 137 MARVIN HAMMOND DR
 BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
 MILTON TIMOTHY GAUSE
 PCT/VTD/P15/P15
 11/06/2018 - GENERAL

Muni:

Board Approval Date:

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

11/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>John Dangle</i>	Signature (Required) <i>Dean Curb</i>
Street Address (Required) 137 MARVIN HAMMOND DR	Street Address (Required) 9333 Hwy 131 Bladenboro
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC, 28320
Date 10/17/18	Date 10/17/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary ~~must~~ charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. N.C.S. § 103-3

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 06 2018

ANE GANTT
 EE DR
 ILS: NC 28444
 BLADEN COUNTY
 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS
 Ballot: G002
 ID: P65/P65
 2018 - GENERAL
 Muni: _____
 Date: _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. Information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of _____

11/3/18
 Date

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant _____

X

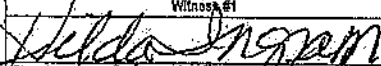

Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
34 Kildee Dr. Street Address (Required)	34 Kildee Drive Street Address (Required)
HARVELLS, NC 28444 City, State and Zip (Required)	HARVELLS NC 28444 City, State and Zip (Required)

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot, as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-30)

STATE OF _____

COUNTY OF _____

Notary Public _____

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

ROBERT L GARDNER
808 BUTLER MILL RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
ROBERT L GARDNER
PCT/VD: P202/P202
11/06/2018 GENERAL

Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of voter (required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Lisa Britt

James R. Singleton

Signature (Required)

Signature (Required)

303 Pican St 3F

1216 WEBB PARK RD

Bladenboro, NC 28320

BLADENBORO NC 28320

City, State and Zip (Required)

City, State and Zip (Required)

9-30-18

9-30-18

Date

Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 100-1)

STATE OF _____

COUNTY OF _____

SEA

Notary Public

Commission Expiration Date: _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and; (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHANIA MICHELLE GEB0
303 PECAN ST # 3F
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot G001
SHANIA MICHELLE GEB0
PCT/VD: P202/P202
11/08/2018 GENERAL

Munt: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of voter (required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the enclosed in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>James S. Eason</i>	Signature (Required) <i>James S. Eason</i>
Street Address (Required) <i>100 Edwards Ave</i>	Street Address (Required) <i>500 Edwards Ave</i>
City, State and Zip (Required) <i>Bladenboro, NC 28320</i>	City, State and Zip (Required) <i>Bladenboro, NC 28320</i>
Date <i>10-11-18</i>	Date <i>10-11-18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, _____, identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in the presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and witnesses included need not be sworn in.

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

UNA- BLADEN COUNTY

Ballot: G001
MARTHA L GIBSON
PCT/VD:P202/P202
11/08/2018 - GENERAL

Minif:

Application (Required)
I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application.
All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness, the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ a notary public; **OR** ☐ a witness to the execution of this instrument.

1. _____

Name Correction (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the Voter's presence. • I am assisting because: a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter...

Address of Assistant

Date:

Option 1: Two (2) Witnesses:
(Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old; • I am not disqualified from voting as described in the WARNING on the flap of this envelope; • The Voter marked the envelope my presence, or caused it to be marked, in the Voter's presence according to the instructions on the back of this envelope; • The Voter signed this Absentee Application and Certificate, or caused it to be signed, in the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter to do so, in the complete Voter Assistant Certification section.

Witness #1	Witness #2
Deborah B. Edwards Signature (Required) 154 Little Brown Rd. Signature (Required) Bladenboro NC 28505 City, State and Zip (Required) 10-1-18 Date	Woody D. Mack Signature (Required) 371 Sunset Park Signature (Required) Bladenboro NC City, State and Zip (Required) D-18 Date

I certify that, on the _____ day of _____, 20____, _____

Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in it
caused it to be signed. I am at least 18 years old, I am not disqualified from witnessing the
described in the WARNING on the flap of this envelope. I respect the secrecy of the ballot, and in
of the Voter, unless I assisted the Voter at his/her request (complete Voter Assignment Certificate)

STATE OF _____
COUNTY OF _____

Notary Public

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative;

or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

BERT GILL JR
ST
TOWN, NC 28337
DEN COUNTY

Ballot: G003
BERT GILL JR
P501/P501 Muni: 50
3 - GENERAL

Date: _____
Request or Runoff Request
(Second Primary (or Runoff Election) is called,
absentee application and ballot be issued to me
a. (Check the box to receive eligible ballots.)

st for illness/disability
or expected illness or disability, I request that
e a request for absentee ballots for any other
id this calendar year in which I am eligible to
k the box to receive eligible ballots.)

pplicable)
tion and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

51

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Bernie Boggs</i>	Signature (Required) <i>Laonda Boggs</i>
Street Address (Required) 614 S. Mill St	Street Address (Required) 205 E. Gill St
City, State and Zip (Required) Elizabethtown, NC 28337	City, State and Zip (Required) Elizabethtown, NC 28337
Date 10/13/2018	Date 10/13/2018

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 70B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LARONDA G GILL
 205 E GILL ST
 ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY



Ballot G003
 LARONDA G GILL
 PGT/VD: P501/P501
 11/06/2018 - GENERAL

Munk: 50

Card Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name of Assistant

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Bernie B. B.</i>	Signature (Required) <i>James Robert B. B.</i>
Street Address (Required) 614 Smith St	Street Address (Required) 105 E. G. St
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date 10/13/2018	Date 10-13-2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. G.S. § 109-1

STATE OF

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative; **or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization; or who is a campaign manager or treasurer for any candidate or political party.

NOV 05 2018
RECEIVED

ARROLL GILLELAND
K WAY
E NC 28337
DEN COUNTY

Ballot: G004
CARROLL GILLELAND
P40/P40 Muni: 40
8 - GENERAL

Request or Runoff Request
If a Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

Request for Illness/Disability
If I am or expect illness or disability, I request that be a request for absentee ballots for any other field this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of voter (required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Dianne Gilleland</i>	Signature (Required) <i>Mark Gilleland</i>
Street Address (Required) <i>89 Womack Way</i>	Street Address (Required) <i>14 Womack Way</i>
City, State and Zip (Required) <i>Elizabeth town, NC</i>	City, State and Zip (Required) <i>Elizabeth town, NC</i>
Date <i>11-2-18</i>	Date <i>11-2-18</i>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified; and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

LESPIE
 R MILL/BROWN MARSH RD
 OWN, NC 28337

EN COUNTY



Ballot: G002
 GILLESPIE
 2502/P502 Muni:
 - GENERAL

Date:

Request or Runoff Request
 A Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I, or expected illness or disability, request that be a request for absentee ballots for any other fold this calendar year in which I am eligible to ask the box to receive eligible ballots.)

Applicable:

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Barbara G. Hinchey</i>	Signature (Required) <i>Elizabeth H. Brown</i>
Street Address (Required) <i>2148 mercer mill E</i>	Street Address (Required) <i>1082 e. 1st St</i>
City, State and Zip (Required) <i>E. town N.C 28337</i>	City, State and Zip (Required) <i>Charlotte NC 28203</i>
Date <i>11-6-18</i>	Date <i>11/6/18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 108-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

N HALL GILLESPIE
 S CREEK CHURCH RD
 TOWN, NC 28337

DEN COUNTY



Ballot: G004
 N HALL GILLESPIE
 501/P501 Muni:
 GENERAL

Date: 10-1-2018

Request for Runoff Request
 A Second Primary (or Runoff Election) is called,
 Absentee application and ballot be issued to me
 re. (Check the box to receive eligible ballots.)
Request for Illness/Disability
 For expected illness or disability, I request that
 I be a request for absentee ballots for any other
 field this calendar year in which I am eligible to
 check the box to receive eligible ballots.)

applicable)
 tion and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR
☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>[Signature]</i>	<i>[Signature]</i>
102 Lewis Dr	1813 Vain St.
City, State and Zip (Required)	City, State and Zip (Required)
101-1/18	10-1-2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

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STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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for all voters: a candidate, UNLESS the candidate is the voter's near relative;
for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MARIE GITCHEL
 ORO, NC 28320
 BLADEN COUNTY

Ballot: G001
 ENE MARIE GITCHEL
 TD:P201/P201 Muni: 20
 2018 GENERAL
 DATE

Request or Runoff Request

A Second Primary (or Runoff Election) is called. I request that a second primary and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

Due to expected illness or disability, I request that a request for absentee ballots for any other held this calendar year, in which I am eligible to vote. (Check the box to receive eligible ballots.)

1st Street
 Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Thomas Lawrence Stahel</i>	Signature (Required) <i>Donna King</i>
Street Address (Required) 407 4th St.	Street Address (Required) 608 North Main St
City, State and Zip (Required) Bladenboro NC	City, State and Zip (Required) Bladenboro NC 28320
Date 10/8/18	Date 10-8-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

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STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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all voters: a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

LAWRENCE GITCHEL

RO: NC 28320

BLADEN COUNTY



Ballot: G001
 LAWRENCE GITCHEL
 P201/P201 Muni: 20
 18 - GENERAL

Date:

Request or Runoff Request

Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

or expected illness or disability, I request that a request for absentee ballots for any other (a) this calendar year in which I am eligible to (b) the box to receive eligible ballots.

5/20/21
 Ballot and ballots should be mailed

Bladenboro, NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me) according to my instructions in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Lawrence Gitchel</i>	Signature (Required) <i>Omaya Long</i>
Street Address (Required) 407 Y 6th ST	Street Address (Required) 1600 North Main St
City, State and Zip (Required) Bladenboro, N.C. 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-8-18	Date 10-08-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, I was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

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STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are **PROHIBITED** from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DENISE GOODEN
 10849 NC 242 HWY S
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 DENISE GOODEN
 PCT/VD:P202/P202
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Date: 8/20/18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-10)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEA

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

HOUSE GORDON
CAR ST
RD NC 28320
DEN COUNTY
Ballot: G001
JA ROUSE GORDON
P201/P201 Muni: 20
18 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Rodney Eugene Storn</i>	Signature (Required) <i>Kim</i>
Street Address (Required) 107 West Poplar St.	Street Address (Required) 3000 Daneford Road
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Whiteville, NC 28472
Date 10/28/18	Date 10/29/18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HENRY GRAHAM
 01 HWY N
 TOWN, NC 28337

LADEN COUNTY

Ballot: G004
 HENRY GRAHAM
 '35/P35 Muni:
 GENERAL

Date:

Request or Runoff Request

If a Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

If, or expected illness or disability, I request that be a request for absentee ballots for any other held this calendar year in which I am eligible to ask the box to receive eligible ballots.)

Applicable:

Application and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) *[Signature]*

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>Ledell Graham</i>	<i>Paul S. Michon</i>
Signature (Required)	Signature (Required)
<i>Ledell Graham</i>	<i>Paul S. Michon</i>
Street Address (Required)	Street Address (Required)
<i>2188 Hwy 701 N</i>	<i>2188 Hwy 701 N</i>
City, State and Zip (Required)	City, State and Zip (Required)
<i>Elizabeth, NC 28637</i>	<i>Elizabeth, NC 28637</i>
Date	Date
<i>10-6-18</i>	<i>10-6-18</i>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Anderen Hudson</i>	Signature (Required) <i>Carol Graham</i>
Street Address (Required) <i>238 Dickson Rd</i>	Street Address (Required) <i>34 Dickson Rd</i>
City, State and Zip (Required) <i>Riegelwood NC 28456</i>	City, State and Zip (Required) <i>Riegelwood NC 28456</i>
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-37)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DELPHINE GRAHAM
 NRD
 OD, NC 28456
 DEN COUNTY

Bailot: G002
 DELPHINE GRAHAM
 P30/P30 Muni: 30
 18 - GENERAL

Request or Runoff Request
 Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 For expected illness or disability, I request that a request for absentee ballots for any other day in this calendar year in which I am eligible to vote be issued to me. (Check the box to receive eligible ballots.)

Applicable:
 Ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Cert)

X

Signature of voter (Required)

Name Correction (if applicable)

10-24-18

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy. Unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Andrew Hudson</i>	Signature (Required) <i>Leanne Jefferson</i>
Street Address (Required) 738 Dickson Rd.	Street Address (Required) 738 Dickson Rd.
City, State and Zip (Required) Riegelwood NC 28456	City, State and Zip (Required) Riegelwood NC 28456
Date 10-24-18	Date 10-24-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. N.C.S. § 103-50.

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

for all voters: a candidate, UNLESS the candidate is the voter's near relative;
for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization; or who is a campaign manager or treasurer for any candidate or political party.

GRAHAM
 JR
 D, NC 28456

EN COUNTY



Ballot: G002
 GRAHAM
 30/P30 Muni: 30
 GENERAL

Date:

Request or Runoff Request

A Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I request that a request for absentee ballots for any other held this calendar year in which I am eligible to ask the box to receive eligible ballots.)

Applicable:

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Date: 10-28-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 11601 East ...	Street Address (Required) 2729 ...
City, State and Zip (Required) Raleigh NC 27606	City, State and Zip (Required) Raleigh NC 27606
Date 10-28-18	Date 10-28-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 105-30]

STATE OF

COUNTY OF

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

• **for all voters:** a candidate, UNLESS the candidate is the voter's near relative;
 • **for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

GRAHAM, SR.
 11 HWY N
 TOWN, NC 28337
 DEN COUNTY

Ballot: G004
 GRAHAM, SR.
 D.P. 36/235
 11B GENERAL
 Date: _____

Any Request or Runoff Request
 (a Second Primary (or Runoff Election) is called, the absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If I am ill or have an expected illness or disability, I request that a request for absentee ballots for any other held this calendar year in which I am eligible to check the box to receive eligible ballots.)

(If applicable)
 Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Delonah Graham</i> Street Address (Required) 2188 Hwy 701 N City, State and Zip (Required) Elizabeth, NC 28337 Date 10-6-18	Signature (Required) <i>Ronald S. Graham</i> Street Address (Required) 2188 Hwy 701 N City, State and Zip (Required) Elizabeth, NC 28337 Date 10-6-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative; or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MUNN GRAHAM
ROAD RD
D, NC 28458

EN COUNTY



Ballot: G002
MUNN GRAHAM
30/P30 Munt: 30
GENERAL

Date: _____

Request or Runoff Request
If a Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
For expected illness or disability, I request that be a request for absentee ballots for any other held this calendar year in which I am eligible to ask the box to receive eligible ballots.)

applicable)

ation and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of voter (required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>[Signature]</i>	<i>[Signature]</i>
Signature (Required)	Signature (Required)
1101 EAST ARCADE AVE	180 GRUCCI DR
Street Address (Required)	Street Address (Required)
Rosewood NC 28458	Whiteville NC 28477
City, State and Zip (Required)	City, State and Zip (Required)
10-31-18	10-31-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative; or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

AHAM
RE RD
28434

N COUNTY



Ballot: G002
GRAHAM

30/P30 Muni:
GENERAL

Date:

Request or Runoff Request
If a Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
If, due to illness or disability, I request that a request for absentee ballots for any other held this calendar year in which I am eligible to ask the box to receive eligible ballots.)

Applicable

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

☒ Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant Address of Assistant

☒

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Wm. S. Neal</i>	Signature (Required) <i>Willie R. Jones</i>
Street Address (Required) 222 Redwood St	Street Address (Required) 335 Baltimore R.
City, State and Zip (Required) Wilmington, NC	City, State and Zip (Required) Council Bluffs, IA
Date Nov 4, 18	Date Nov 4, 18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-303)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RETHA TOWNSEND GRAHAM
 3727 NC 210 HWY W
 GARLAND, NC 28441

DEM - BLADEN COUNTY



Ballot: G004
 RETHA TOWNSEND GRAHAM
 PCT/VD/P45/P45 Muni:
 11/08/2018 - GENERAL

Board/Approval Date:

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check this box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter

10/16/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <u>[Signature]</u> Street Address (Required) <u>3360 Jack Richards Rd</u> City, State and Zip (Required) <u>Elizabeth Town, N.C. 28337</u> Date <u>10/16/18</u>	Signature (Required) <u>[Signature]</u> Street Address (Required) <u>3360 Jack Richards Rd</u> City, State and Zip (Required) <u>Elizabeth, N.C. 28338</u> Date <u>10/16/18</u>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the V. _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 101-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RODERICK LAMAR GRAHAM
 36 DICKSON RD
 RIEGELWOOD, NC 28456

UNA - BLADEN COUNTY



Ballot: G002
 RODERICK LAMAR GRAHAM
 PCT/VTD:P30/P30 Muni: 30
 11/06/2018 - GENERAL

Card Approval Date:

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Nature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
 Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Carol Graham
 Signature (Required)
36 Dickson Rd
 Street Address (Required)
Riegelwood NC 28456
 City, State and Zip (Required)
11-25-18
 Date

Sherrath
 Signature (Required)
36 Dickson Rd
 Street Address (Required)
Riegelwood NC 28456
 City, State and Zip (Required)
11-25-18
 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not share any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

SHANNA RENEE GRAHAM
36 DICKSON RD
RIEDELWOOD, NC 28456

DEM - BLADEN COUNTY



Ballot: G002
SHANNA RENEE GRAHAM
PCT/VTD:P30/P30
11/06/2018 - GENERAL

Muni: 30

Card Approval Date

Second Primary Request or Runoff Request

If the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

36 Dickson Rd

36 Dickson Rd

Street Address (Required)

Street Address (Required)

Riegelwood, NC 28456

Riegelwood, NC 28456

City, State and Zip (Required)

City, State and Zip (Required)

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and attesting a notarized seal to an absentee ballot application or certificate. (G.S. § 100-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

GRAHAM
 RD
 D, NC 28456
 EN COUNTY

Ballot: G002
 GRAHAM
 10/P30
 GENERAL

Date: _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Carol Graham	Sonye Hick
Signature (Required)	Signature (Required)
84 Dickson Rd.	204 Laceywell St
Street Address (Required)	Street Address (Required)
Riegelwood NC 28456	Riegelwood NC 28456
City, State and Zip (Required)	City, State and Zip (Required)
10-31-18	10-31-18
Date	Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence, according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization for who is a campaign manager or treasurer for any candidate or political party.

GRAHAM SR
 DY STORE RD
 JD, NC 28456

JEN COUNTY

Ballot: G002
 GRAHAM SR
 P30/P30
 GENERAL
 Muni:

Request or Runoff Request
 A Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

Request for Illness/Disability
 For expected illness or disability, I request that be a request for absentee ballots for any other for this calendar year in which I am eligible to (Check the box to receive eligible ballots.)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) 391 W. Main Rd Signature (Required) Riegelwood NC 28456 City, State and Zip (Required) 28456 NC 28456	Signature (Required) Carol Graham 845 Dickson Rd. Signature (Required) Riegelwood NC 28456 City, State and Zip (Required) 12-29-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date: _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RD GRIFFIN
 JWW
 8448

EN COUNTY



Ballot: G002
 WARD GRIFFIN
 P55/P55
 18 - GENERAL

Muni:

Date:

Request or Runoff Request

If a Second Primary (or Runoff Election) is called, the Absentee Application and ballot will be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

If, on or expected illness or disability, I request that be a request for absentee ballots for any other held this calendar year in which I am eligible to check the box to receive eligible ballots.)

(Applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

5-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Amir P. Wenzel</i>	Signature (Required) <i>William E. Wenzel</i>
Street Address (Required) 1798 NC Hwy 11	Street Address (Required) 1798 NC Hwy 11
City, State and Zip (Required) Reilly NC 28448	City, State and Zip (Required) Reilly NC 28448
Date 11/5/18	Date 11-5-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 10B-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

IRGINIA GRIMES
 AY RESORT IN
 AKE, NC 28337
 ADEN COUNTY



Ballot: G004
 /IRGINIA GRIMES
 :P40/P40 Muni: 40
 18 - GENERAL

Date: 11-05-18

Request or Runoff Request
 a Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I am requesting an absentee ballot because of an expected illness or disability. I request that a request for absentee ballots for any other period this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public.

Witnesses'

Signature of voter (required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Deborah Duggan</i>	Signature (Required) <i>Robert Duggan</i>
Street Address (Required) 140 NC 53 Hwy W.	Street Address (Required) 140 NC 53 Hwy W.
City, State and Zip (Required) Elizabethtown, N.C.	City, State and Zip (Required) Elizabethtown, N.C.
Date 11-05-18	Date 11-05-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 103-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JONATHAN CHARLES GUNTHER
 1190 BLADEN UNION CHURCH RD
 FAYETTEVILLE, NC 28306

REP. BLADEN COUNTY



Ballot: G004
 JONATHAN CHARLES GUNTHER
 PCT/VD:P60/P60 Muni:
 11/05/2018 GENERAL

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR
☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required)

Name Correction (if applicable)

10-27-18
 Date

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Kendall Swisher</i>	Signature (Required) <i>Lisa Davis</i>
Street Address (Required) 1190 Bladen Union Church Rd	Street Address (Required) 1399 Bladen Union Church
City, State and Zip (Required) Fayetteville NC 28306	City, State and Zip (Required) Fayetteville NC 28306
Date 10-27-18	Date 10-27-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____, personally appeared before me, _____, the _____, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. 6-1)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HEDGEPEETH GUNTHER
 1201 UNION CHURCH RD.
 WILKE, NC 28306

ADEN COUNTY

Ballot: G004
 LL HEDGEPEETH GUNTHER
 D:P80/P80 Muni:
 018 - GENERAL
 Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 1190 Bladen Union Church Rd	Street Address (Required) 1399 Bladen Union Church Rd
City, State and Zip (Required) Fayetteville NC 28306	City, State and Zip (Required) Fayetteville NC 28306
Date 10-27-18	Date 10-27-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: personally appeared before me; was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-90)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CONNIE S GUYTON
181 SMITHS MILL POND RD
GARLAND, NC 28441

DEM - BLADEN COUNTY



Ballot: G004
CONNIE S GUYTON
PCT/VTD/P45/P45
11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

21-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Randy...
Signature (Required)

Corina...
Signature (Required)

181 Smiths Mill Pond Rd.
Street Address (Required)

205 Smiths Mill Pond Rd.
Street Address (Required)

Garland, NC 28441
City, State and Zip (Required)

Garland, NC 28441
City, State and Zip (Required)

10-21-18
Date

10/21/18
Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 103-103)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

LAUDER GUYTON
WALNUT ST # 6D
ENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
AZEL CAUDER GUYTON
CTA/CTD: P202/P202
1/06/2018 - GENERAL

Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot; (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Date: 1/8

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the voter by marking the ballot only, according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Kings, S. Eason
Signature (Required)

Chad M. ...
Signature (Required)

401 Edwards Ave.
Street Address (Required)

500 ...
Street Address (Required)

Bladenboro, NC 28301
City, State and Zip (Required)

Bladenboro, NC
City, State and Zip (Required)

Date: 10-2-18

Date: 10/2/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. NC S.B. 100-902

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

SEAL

Voter (if applicable)

Application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RANDY LEE GUYTON
181 SMITHS MILL POND RD
GARLAND, NC 28441

DEM - BLADEN COUNTY



Ballot: G004
RANDY LEE GUYTON
PCT/VTD: P45/P45
11/06/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR:

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Connie S. Guyton

Dana W.

Signature (Required)

Signature (Required)

181 Smiths Mill Pond Rd

206 Smiths Mill Pond Rd

Street Address (Required)

Street Address (Required)

Garland, NC 28441

Garland, NC 28441

City, State and Zip (Required)

City, State and Zip (Required)

10-21-18

10/21/18

Date

Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 106-3)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional, district, county, or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

TONYA ANNETTE GUYTON
 1380 SUGGS-TAYLOR RD
 ELIZABETH TOWN, NC 28337

REP - BLADEN COUNTY



Ballot: G001
 TONYA ANNETTE GUYTON
 PCT/VD:P16/P15 Muni:
 11/08/2018 - GENERAL

Board Approval Date _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public (the notary must complete Option 2 of the Witnesses')

-13-18
 Date

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. The secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her complete Voter Assistant Certification section).

Witness #1	Witness #2
<p><i>Jessica Davila</i> Signature (Required)</p> <p><i>2766 Twisted Hickory Rd</i> Street Address (Required)</p> <p><i>E Town NC 28337</i> City, State and Zip (Required)</p>	<p><i>Jordan Whiles</i> Signature (Required)</p> <p><i>303 Pecan St</i> Street Address (Required)</p> <p><i>Bladenboro NC 2</i> City, State and Zip (Required)</p>
Date: <i>10/13/18</i>	Date: <i>10-13-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, personally appeared before me _____, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter. I am not a candidate, nor am I a campaign manager or treasurer for any candidate or political party.

NOTE: A notary may not charge any fee for witnessing and affixing a notary seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public: _____ Commission Expires: _____

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ABERN GUS HALL
 623 KENNEDY STORE RD
 RIEGELWOOD, NC 28456

DEM - BLADEN COUNTY

Ballot: G002
 ABERN GUS HALL
 PCT/VD:P30/P30
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Donald Hall</i> Street Address (Required) 345 Memphis City, State and Zip (Required) Riegelwood, NC 28456 Date 10-20-18	Signature (Required) <i>Donna B. Hall</i> Street Address (Required) 1213 Bowen - Bladen City, State and Zip (Required) Riegelwood, NC 28456 Date 10-20-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and attesting a notarial act to an absentee ballot application or certificate. 163-2-11

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

31 HALL
 HWY W
 CO. NC 28320
 EN COUNTY
 Ballot: G00
 ARL HALL
 P10/P10
 3 - GENERAL
 Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

1-2-018

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am assistance because a near relative or verifiable legal guardian, or I am providing assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Wendy D. Penta</i>	Signature (Required) <i>Dmya King</i>
Street Address (Required) 371 Sunset Park Road	Street Address (Required) 600 North Main St
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 11-01-18	Date 11-01-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and adding a notarial seal to an absentee ballot application or certificate. (N.C. S. 163-54)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

NC SRS 1/2018 02

Any Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If I am expected illness or disability, I request that be a request for absentee ballots for any other held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Applicable

Application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

LA BARNES HALL
W. SEABOARD ST
DENBORO, NC 28320

BLADEN COUNTY

Ballot: G001
AYLA BARNES HALL
CT/VTD: P202/P202

Muni: 20

1/06/2018 - GENERAL

Available

Primary Request or Runoff Request

If that a Second Primary (or Runoff Election) is called, I am requesting that an absentee application and ballot be issued to me at that time. (Check the box to receive eligible ballots.)

Request for Illness/Disability

If I am ill, injured, or have a temporary illness or disability, I request that I be allowed to request absentee ballots for any other election held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Other (if applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>James E. Eason</i>	Signature (Required) <i>Carol K. Eason</i>
Street Address (Required) 401 Edwards Ave	Street Address (Required) 500 Chestnut
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC
Date 10-3-18	Date 10-2-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LYNETTE HALL
 WEN BLANKS RD
 WOOD NC 28456

BLADEN COUNTY

Ballot: G002
 ELIN LYNETTE HALL
 MTD: P30/P30
 6/2018 - GENERAL

Muni: 30

royal Date

Primary Request or Runoff Request

If that a Second Primary (or Runoff Election) is called, let an absentee application and ballot be issued to me by the time. (Check the box to receive eligible ballots.)

Request for Illness/Disability

If I am ill or have a disability, I request that I be allowed to request for absentee ballots for any other election held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

er (if applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

☒ Signature of Voter (Required) 1-12-2018 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant Address of Assistant

☒ Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Sharon Flippen</i>	Signature (Required) <i>Blanca B. Stahl</i>
Street Address (Required) <i>1041 W Barton St Apt C</i>	Street Address (Required) <i>1213 Bowen - Blanks Rd</i>
City, State and Zip (Required) <i>Greensboro, NC 27401</i>	City, State and Zip (Required) <i>Riegelwood, NC 28436</i>
Date <i>10-12-2018</i>	Date <i>10-12-2018</i>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-307.)

STATE OF _____
 COUNTY OF _____

Notary Public

Seal Commission Expiration Date

Absentee Application and

Fraudulently or Falsely completing this form is a Class I felony under

The following people are PROHIBITED from signing the

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

**§ 63 of the N.C. General Statutes
Voters' Certification:**

LISA TINA HALL
372 BROWNS CREEK CHURCH RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004

LISA TINA HALL
PCT/VTD:P501/P501 Muni:
11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I, the voter, must complete Option 2 of the Witnesses' Certification

10/1/18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<u>Lisa Wooten</u> Signature (Required)	<u>DEBRAH MOULDER</u> Signature (Required)
<u>109 Lewis Dr</u> Street Address (Required)	<u>91 Clabe Hatcher Rd</u> Street Address (Required)
<u>Elizabethtown NC 28337</u> City, State and Zip (Required)	<u>Bladen Co NC 28414</u> City, State and Zip (Required)
<u>10/1/18</u> Date	<u>10-1-18</u> Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notary seal to an absentee ballot application or certificate. (G.S. § 10B-108)

STATE OF

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MAGGIE GRAHAM HALL
 623 KENNEDY STORE RD
 RIEGELWOOD, NC 28456

DEM. BLADEN COUNTY



Ballot: G002
 MAGGIE GRAHAM HALL
 PCT/MTD:P30/P30
 11/08/2018 GENERAL

Muni:

Card Approval Date:

Second Primary Request or Runoff Request
 If the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Unusual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to anticipate. (Check the box to receive eligible ballots.)

Nature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

10-20-2018
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy; unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Renee B. Hall	Signature (Required) Leonard Hall
Street Address (Required) 1213 Bowen-Brentford	Street Address (Required) 345 MANN LN
City, State and Zip (Required) Riegelwood, NC 28456	City, State and Zip (Required) Riegelwood, NC 28456
Date 10-20-2018	Date 10-20-2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the V____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the V____ presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 106-106)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters: a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OLE HALL
 CREEK CHURCH RD
 WY, NC 28337

N COUNTY



Ballot: G004
 NICOLE HALL
 501/P501
 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the Notary must complete the Notary Public as Witness section)

10/3/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Elizabeth Hall</i>	Signature (Required) <i>Sandra Guin</i>
Street Address (Required) 372 Breckenridge Church Rd	Street Address (Required) 1913 Main St
City, State and Zip (Required) Elizabeth Hall NC 28337	City, State and Zip (Required) Elizabeth Hall NC 28337
Date 10/3/18	Date 10-3-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-30f)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

all voters; a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Denise Hall</i>	Signature (Required) <i>Patricia White</i>
Street Address (Required) 1813 Vine St	Street Address (Required) 101 Howard Dr
City, State and Zip (Required) Elizabeth NC 28337	City, State and Zip (Required) Elizabeth NC 28337
Date 10-3-18	Date 10/3/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 16B-30]

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date: _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of the facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAISY BELLE HAMILTON
 915 MAND M ST
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
 DAISY BELLE HAMILTON
 PCT/VTD: P501/P501
 11/06/2018 - GENERAL

Munf:

Signature of Voter (if applicable)

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (if applicable) 22818
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from voting as described in the WARNING on the flap of this envelope. The Voter marked my presence, or caused it to be marked in the Voter's presence according to the instructions on the flap of this envelope. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from voting as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter to complete Voter Assistant Certification section.

Witness #1	Witness #2
Signature (Required) <u>Brian S Hamilton</u> Street Address (Required) <u>915 Mand M Street</u> City, State and Zip (Required) <u>Elizabethtown, NC 28337</u> Date <u>10/28/18</u>	Signature (Required) <u>Brian Dison</u> Street Address (Required) <u>Elizabethtown, NC</u> City, State and Zip (Required) <u>28337</u> Date <u>10/28/18</u>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, _____, a Notary Public in and for the State of North Carolina, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from voting as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter to complete Voter Assistant Certification section.

NOTE: A notary may not charge any fee for witnessing and affixing a notary seal to an absentee ballot application or cover.

STATE OF

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative; **For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DORIS LEE HAMMONDS
511 J.A. CARROLL RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

Ballot: G001
DORIS LEE HAMMONDS
PCT/VID:P15/P15
11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of _____

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing my presence, or caused it to be marked in the voter's presence according to the Voter's signed this Absentee Application and Certificate, or caused it to be signed the secrecy of the ballot and the voter's privacy, unless I assisted the voter (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required) *Kinger S. Eason*

Signature (Required) *Lisa Britt*

Street Address (Required) *401 Edwards Ave.*

Street Address (Required) *303 Kegan St*

City, State and Zip (Required) *Bladenboro, NC 28320*

City, State and Zip (Required) *Bladenboro, NC*

Date *10-5-18*

Date *10-5-18*

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

- For all voters: a candidate, UNLESS the candidate is the voter's near relative;
- For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

REP - BLADEN COUNTY

Ballot 0001
SAMANTHA L HAMMOND
PCT/VTD:P202/P202
11/06/2018 - GENERAL

Műnkt

Declaration (Required)
I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. (If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses)

signature of voter required _____

Date _____

Name Correction (if applicable)

voter Assistant Certification (if applicable)
 I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant

X

Signature of Assistant

Date _____

NCSBE v2018.02

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witnessing the described in the WARNING on the flap of this envelope; The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instructions; The Voter signed this Absentee Application and Certificate, or caused it to be signed; I am the secretary of the ballot and the Voter's privacy, unless I assisted the Voter at his/her complete Voter Assistant Certification section.

Winters

Winnick #2 4-5

James R Lexington
Signal Address (Required)
1216 WEBB FAYLK RD
Signal Address (Required)
1316 WEBB FAYLK RD, NC 28332
City, State and Zip (Required)

04/12/2015

Witness #2
Windy O. Hester
Signature (Required)
3715 Sunset Park
Street Address (Required)
Blair/Robinson

City: St. Paul and Co.

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provide)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified; and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in presence according to his/her instruction. The Voter signed this Absentee Application and caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I am not disqualified from witnessing the of the Voter, unless I assisted the Voter at his/her request. Complete Voter Assistant Certification

NOTE: A Signature and Seal are required for this document to be valid.

STATE OF

COUNTY OF

Notary Public

Consumption Expenditure

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization; or who is a campaign manager or treasurer for any candidate or political party.

DEROTHA HARGROVE
 ORREST DR
 NBOB NC 28320

BLADEN COUNTY



Ballot: G001
 S DEROTHA HARGROVE
 J.D.P201/P201 Muni:
 2018 - GENERAL

Primary Request or Runoff Request:
 If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Absence Disability:
 If I am unable to appear in person to vote, I request that on be a request for absentee ballots for any other election held this calendar year in which I am eligible to check the box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an **Unaffiliated** voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot. I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence; or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Holly H Norris</i>	Signature (Required) <i>Julia P. Walters</i>
Street Address (Required) <i>63 W. Serrin Dr.</i>	Street Address (Required) <i>6045 Ash St.</i>
City, State and Zip (Required) <i>Elizabethtown, NC 28337</i>	City, State and Zip (Required) <i>Bladenboro, NC 28320</i>
Date <i>10/18/18</i>	Date <i>10-18-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and adding a notarial seal to an absentee ballot application or certificate. (N.C. § 100-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date _____

NCSBE-v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA PAIT HARGROVE
 1915 FORREST DR
 BLADENBORO, NC 28320
 DEM 2 BLADEN COUNTY

Ballot: G001
 LINDA PAIT HARGROVE
 PCT/VD: P201/P201
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

Name Correction (if applicable)

Date

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)
 Holly H. Norris
 Street Address (Required)
 63 W. Serrin Dr.
 City, State and Zip (Required)
 Elizabethtown, NC 28337

Signature (Required)
 Julia P. Walter
 Street Address (Required)
 604 S. Oak St.
 City, State and Zip (Required)
 Bladenboro, NC 28320

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 1-202)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

BUJE HARRELSON
ASHE ST
NORFOLK, NC 28320

BLADEN COUNTY

Ballot: G001
RY BUJE HARRELSON
NVD/P201/P201
6/20/18 GENERAL

Muni: 20

Proval Date

Primary Request or Runoff Request

Whether a Second Primary (or Runoff Election) is called, an absentee application and ballot is issued to me if to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I request that I be provided an absentee ballot for any other reason. (Check the box to receive eligible ballots.)

User (if applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name of Voter (if applicable)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Cathy Harrelson</i>	Signature (Required) <i>Cathy Harrelson</i>
Street Address (Required) 315 Ash Street	Street Address (Required) 315 Ash Street
City, State and Zip (Required) Bladenboro, NC, 28320	City, State and Zip (Required) Bladenboro, NC, 28320
Date 10/21/18	Date 10/21/18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30).

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

O HARRELSON
 ST
 NC 28320
 EN COUNTY
 Ballot: G001
 TROY HARRELSON
 P201/P201 Muni: 20
 8 4 GENERAL
 Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (a) an owner, manager, director, or employee of that facility; (2) an individual who holds any office in a State or local election; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

TROY CRIS HARRELSON
 315 S ASH ST
 BLADENBORO, NC 28320
 UNA - BLADEN COUNTY



Ballot: G001
 TROY CRIS HARRELSON
 PGT/ATD:P201/P201
 11/06/2018 - GENERAL

Muni: 20

and Approval Date

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 In the event of continued or expected illness or disability, I request that my application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

☒ Signature of Voter (Required)

Date 10/2/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

☒

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)

Signature (Required)

315 Ash Street

315 Ash Street

Street Address (Required)

Street Address (Required)

Bladenboro, NC 28320

Bladenboro, NC 28320

City, State and Zip (Required)

City, State and Zip (Required)

10/1/18

10/2/18

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-3)

STATE OF

COUNTY OF

Notary Public

Commission Expiration Date

SEA

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RUTH A HARRINGTON
 1755 MERCER MILL/BROWN MARSH RD
 ELIZABETH TOWN, NC 28337

UNA - BLADEN COUNTY



Ballot: G002
 RUTH A HARRINGTON
 PCT/VD:P502/P502
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public

Signature of voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 1755 Mercer Mill/Brown Marsh Rd	Street Address (Required) 1755 Mercer Mill/Brown Marsh Rd
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date 10-28-18	Date 10-28-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A Notary may not charge any fee for witnessing and affixing a notary seal to an absentee ballot application or certificate. (G.S. § 163-108)

STATE OF

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

BENSON TRENT HARRIS
 7820 WILLARD TATUM RD
 ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY

Ballot: G004

BENSON TRENT HARRIS
 PCT/MTD/P35/P35
 11/06/2016 - GENERAL

Muni:

Approval Date: 10/17/18

Cond Primary Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If I am continuing or expected illness or disability, I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

10-17-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) JL Tyeon	Signature (Required) JL Tyeon
Street Address (Required) 110 N. NEWTON ST	Street Address (Required) 110 N. NEWTON ST
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date 10/17/18	Date 10/17/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary ~~may not charge any fee~~ for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 106-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL
 Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

VIRGINIA SNYDER HAYES
 125 HARRELSON RD
 CLARKTON NC 28433

REP - BLADEN COUNTY



Ballot: G002
 VIRGINIA SNYDER HAYES
 PCT/VD:P502/P502
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

-25-2018
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

10-25-18

10-25-18

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10-18)

STATE OF

COUNTY OF

Notary Public

Commission Expiration Date

SE

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

VAN HESTER
ERIDY
RO NC 28320
BLADEN COUNTY
Ballot: C001
VAN HESTER
P202/P202
18 GENERAL
Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

10-1-18

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence; or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Joanne Wright</i>	Signature (Required) <i>Debra F. Hester</i>
Street Address (Required) <i>16028 Marsh Rd</i>	Street Address (Required) <i>66195 Center Rd</i>
City, State and Zip (Required) <i>Bladenboro NC 28320</i>	City, State and Zip (Required) <i>Bladenboro NC 28320</i>
Date <i>10-1-18</i>	Date <i>10-1-18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter, _____, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CRYSTAL RENEE HESTER
 428 S ASHE ST #01
 BLADENBORO NC 28320

REP - BLADEN COUNTY

Ballot: G001
 CRYSTAL RENEE HESTER
 PCT/MD: P201/P201
 11/06/2018 GENERAL

Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

9-27-18

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Lisa Britt</i> Signature (Required) 303 Pican St. 3F Signature (Required) Bladenboro, NC 28320 City, State and Zip (Required)	Signature (Required) <i>James R. Smith</i> Signature (Required) 216 WEBB EMU RD Signature (Required) Bladenboro, NC 28320 City, State and Zip (Required)
9-27-18	9-27-18
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was properly identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 1E-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

CHRISTINA MAE HESTER
 55 HOLLY BRITT CT
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 CHRISTINA MAE HESTER
 PCT/VTD: P202/P202
 11/06/2018 - GENERAL

Muni:

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)
- OR
- ☐ a notary public (the notary must complete Option 2 of the *Witnesses'*

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request. [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
<p>Signature (Required)</p> <p><i>[Signature]</i></p> <p>Street Address (Required)</p> <p>500 Chestnut</p> <p>City, State and Zip (Required)</p> <p>Bladenboro NC 28320</p>	<p>Signature (Required)</p> <p><i>[Signature]</i></p> <p>Street Address (Required)</p> <p>401 Edwards Ave</p> <p>City, State and Zip (Required)</p> <p>Bladenboro NC 28320</p>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the _____ personally appeared before me, was properly identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request. [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 1-215)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GRAY, HESTER
 BRSESHOERD
 NBGRD NC 28320

BLADEN COUNTY

Ballot 1 0001

GRAY, HESTER

TD P501/P501

2018 GENERAL

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public who will complete Option 2 of the Witnesses'

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Hector William</i>	Signature (Required) <i>Bonnie Thompson</i>
Street Address (Required) <i>2005 Horse Shoe Rd.</i>	Street Address (Required) <i>2005 Horseshoe Rd</i>
City, State and Zip (Required) <i>Bladenboro, NC 28320</i>	City, State and Zip (Required) <i>Bladenboro N.C. 28320</i>
Date <i>11/3/18</i>	Date <i>11-3-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

IA SMITH HESTER
1ST
NBOBO, NC 28320

BLADEN COUNTY

Ballot: G001
LINA SMITH HESTER
VTD P201/P201
6/2018 GENERAL

Muni: 20

Primary Request or Runoff Request

In that a Second Primary (or Runoff Election) is called, I am requesting that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

Intending or expected illness or disability, I request that I be allowed to request for absentee ballots for any other to be held this calendar year in which I am eligible to vote.

DO NOT SIGN HERE
Application and ballots should be mailed to
28320

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me) according to my instructions in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

0-2-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required)</p> <p>587 Kelly Rd.</p> <p>Street Address (Required)</p> <p>Bladenboro, NC 28320</p> <p>City, State and Zip (Required)</p>	<p>Signature (Required)</p> <p>Do not sign here</p> <p>Street Address (Required)</p> <p>Bladenboro NC</p> <p>City, State and Zip (Required)</p>
<p>Date</p> <p>10-2-18</p>	<p>Date</p> <p>10-2-18</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: personally appeared before me; was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30f)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters, a candidate, UNLESS the candidate is the voter's near relative:
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GENIA LUPO HESTER
 5 SUNSET PARK RD
 ADENBORO NC 28320

BLADEN COUNTY

Ballot: G001

GENIA LUPO HESTER
 PCT/VTD: P202/P202
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: This voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

Bladenboro NC 28320

Bladenboro NC 28320

City, State and Zip (Required)

City, State and Zip (Required)

9/30/18

9/30/18

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

WM WAYNE HESTER
156 PARK RD
BLADENBORO NC 28320
BLADEN COUNTY

Ballot: G001
WM WAYNE HESTER
TD:P202/P202 Mun:
2018 GENERAL

Approval Date:

Primary Request or Runoff Request

At a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I request that an absentee application and ballot be issued to me because of an illness or disability. I request that an absentee application and ballot be issued to me for any other reason. (Check the box to receive eligible ballots.)

156 Sunset Park Rd, Bladenboro, NC 28320
The application and ballots should be mailed to 28320

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) //

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required)</p> <p>Denise Lupo Hester</p> <p>Street Address (Required)</p> <p>156 Sunset Park Rd</p> <p>City, State and Zip (Required)</p> <p>Bladenboro, NC 28320</p> <p>Date</p> <p>9/30/18</p>	<p>Signature (Required)</p> <p>Denise Lupo Hester</p> <p>Street Address (Required)</p> <p>156 Sunset Park Rd</p> <p>City, State and Zip (Required)</p> <p>Bladenboro NC 28320</p> <p>Date</p> <p>9/30/18</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 100-37)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 03 2018

JAMES BARRY HESTER
1208 STORMS RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

Ballot: G001
JAMES BARRY HESTER
PGT/VD/P202/P202
11/06/2018 - GENERAL

Muni:

TIME
BLADEN CO

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instructions; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Woody D. Hester 571 Sunset Park Rd

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing this election as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Woody D. Hester</i>	Signature (Required) <i>Jerilya D. Hester</i>
Street Address (Required) 371 Sunset Park Road	Street Address (Required) 1001 North Main St
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 9/28/2018	Date 9/28/2018

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was properly identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in the presence according to his/her instructions. The voter signed this Absentee Application and Certificate or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing this election as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____
COUNTY OF _____

Notary Public

Commission Expires

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

☐ A Notary Public in and for the State of New York, do hereby certify that the foregoing is a true and correct copy of the original as the same appears from the records of said County of New York.

Signature of Voter (Required)

Name Correction (If applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old; • I am not disqualified from witnessing the described in the WARNING on the flap of this envelope; • The voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instructions; • The Voter signed this Absentee Application and Certificate, or caused it to be signed; • I kept the secret of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request. (complete Voter Assistant Certification section)

<p>Witness #1</p> <p><i>Hernia F. Dester</i></p> <p>Signature (Required)</p> <p><i>6162 Sunset Park Rd</i></p> <p>Home Address (Required)</p> <p><i>Blackdenboro, NC 28320</i></p> <p>City, State and Zip (Required)</p> <p><i>9/13/01</i></p> <p>Date</p>	<p>Witness #2</p> <p><i>Gracie Lynn Holt</i></p> <p>Signature (Required)</p> <p><i>6162 Sunset Park Rd</i></p> <p>Home Address (Required)</p> <p><i>Blackdenboro, NC 28320</i></p> <p>City, State and Zip (Required)</p> <p><i>9/13/01</i></p> <p>Date</p>
--	--

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, _____ personally appeared _____, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in presence according to his/her instruction. The Voter signed this Assent Application, and he caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the Voter, unless I assisted the Voter at his/her request to complete Voter Assistant Certificate.

STATE OF

COUNTY OF

Notary Public. Notary Seal. Commission Expires.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JONATHAN WADE HESTER
 1298 STORMS RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 JONATHAN WADE HESTER
 PCT/VTD: P202/P202 Muni:
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10/16/2018
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Jonathan D Hester 3715 Sunset Ave
 Name of Assistant Address of Assistant Bladenboro, NC
 Signature of Assistant 10/16/2018
 Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the enclosed my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate in my presence and I witnessed the voter's signature. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the voter's privacy. Unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
 Signature (Required) 1298 Storms Rd Street Address (Required) Bladenboro, NC 28320 City, State and Zip (Required) 10-16-18 Date	 Signature (Required) 3715 Sunset Ave Street Address (Required) Bladenboro, NC City, State and Zip (Required) 10/16 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, I was identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The voter signed this Absentee Application and Certificate in my presence and I witnessed the voter's signature. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notary seal to an absentee ballot application or certificate.

STATE OF _____
 COUNTY OF _____
 Notary Public _____

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Boyd in by son

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters, a candidate, **UNLESS** the candidate is the voter's near relative:
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JUANITA EVERS HESTER
 1208 STORMS RD
 BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
 JUANITA EVERS HESTER
 PCT/VTD: P202/P202
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

X
 Sig

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Wood D. Hester, 371 Sunset Park Kncl
 Name of Assistant Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing in my presence, or caused it to be marked in the voter's presence according to his/her request. The voter signed this Absentee Application and Certificate or caused it to be signed for the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>Wood D. Hester</i> Signature (Required)	<i>Michael B. Edwards</i> Signature (Required)
<i>371 Sunset Park Kncl</i> Street Address (Required)	<i>157 Luther Avenue</i> Street Address (Required)
<i>Bladenboro NC 28320</i> City, State and Zip (Required)	<i>Bladenboro NC 28320</i> City, State and Zip (Required)
<i>9/26/2018</i> Date	<i>9/26/2018</i> Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, personally appeared _____, was identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her request. The voter signed this Absentee Application and Certificate or caused it to be signed for the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section). I am at least 18 years old. I am not disqualified from witnessing in my presence, or caused it to be marked in the voter's presence according to his/her request. The voter signed this Absentee Application and Certificate or caused it to be signed for the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and signing a notarial seal to an absentee ballot application or certificate.

☒ Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LINDA T. HESTER
 603 SASHISTE
 BLADENBORO NC 28320

DEM - BLADEN COUNTY



Ballot: G001

LINDA T. HESTER

PCT/MTD/P201/P201

11/06/2018 - GENERAL

Muni: 20

Board Approval Date:

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

[Signature]

[Signature]

Signature (Required)

Signature (Required)

513 S. Ashe St

513 S. Ashe St

Street Address (Required)

Street Address (Required)

Bladenboro NC 28320

Bladenboro NC 28320

City and Zip (Required)

City, State and Zip (Required)

10/16/18

Date

10/16/18

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization; or who is a campaign manager or treasurer for any candidate or political party.

TERESA FERRELL HESTER
 6618 CENTER RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 TERESA FERRELL HESTER
 PCT/VTD: P202/P202 Muni:
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Joanne Wright</i>	Signature (Required) <i>Graham West</i>
Street Address (Required) 6028 Marsh Rd	Street Address (Required) 6618 Center Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the 20 day of November, 2018, personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing in the presence of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. If the STATE OF

Second Primary Request or Runoff Request
 If this event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILMA EVERS HESTER
 11 RICHARDSON RD
 BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
 WILMA EVERS HESTER
 PCT/VTD: P201/P201
 11/06/2018 - GENERAL

Munt.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Signature of Assistant: *W. D. Hester*
 Name of Assistant: *W. D. Hester*
 Address of Assistant: *3115 Sunset Park Rd*

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed in the presence of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request. (complete Voter Assistant Certification section)

Witness #1	Witness #2
Signature (Required) <i>W. D. Hester</i>	Signature (Required) <i>Catherine L. Hester</i>
Street Address (Required) <i>3115 Sunset Park Rd</i>	Street Address (Required) <i>3115 Sunset Park Rd</i>
City, State and Zip (Required) <i>Bladenboro, NC 28320</i>	City, State and Zip (Required) <i>Bladenboro, NC 28320</i>
Date <i>11/06/2018</i>	Date <i>11/06/2018</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared _____, identified; and in my presence, the voter marked the enclosed ballot or caused it to be marked in my presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.
 STATE OF _____
 COUNTY OF _____

Notary Public

Certification Exp.

NCSBE v2018.02

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Brought in By Voter

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WOODY DARREL HESTER
 371 SUNSET PARK RD.
 BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
 WOODY DARREL HESTER
 PCT/VD: P202/P202
 11/06/2018 - GENERAL

Mnt:

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be mailed to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of Voter (if applicable)

Name Correction (if applicable)

28-2018
 Date

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. The secrecy of the ballot and the voter's privacy, unless I assisted the voter, are intact. (Complete Voter Assistant Certification section)

Witness #1	Witness #2
Signature (Required) <i>Deborah B. Edwards</i>	Signature (Required) <i>Donna King</i>
Street Address (Required) <i>157 Luther Brisson Road</i>	Street Address (Required) <i>600 North Main</i>
City, State and Zip (Required) <i>Bladenboro, NC 28320</i>	City, State and Zip (Required) <i>Bladenboro, NC 28320</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the voter, unless I assisted the voter at his/her request. (Complete Voter Assistant Certification section)

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters, a candidate, **UNLESS** the candidate is the voter's near relative:
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

DERRICK HENDRIX
 407 VICTORIA DR
 BLADENBORO, NC 28320
 UNA - BLADEN COUNTY



Ballot: G001
 DERRICK HENDRIX
 PCT/VD:P15/P15
 11/08/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification);

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the enclosed my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy. Unless I assisted the voter in the complete Voter Assistant Certification section.

Witness #1	Witness #2
<i>Derrick Hendrix</i>	<i>Jessica Davidson</i>
Signature (Required)	Signature (Required)
<i>407 Victoria Dr</i>	<i>2766 Truitt Rd</i>
Street Address (Required)	Street Address (Required)
<i>Tor Heel NC 28392</i>	<i>Shelburne NC 288</i>
City, State and Zip (Required)	City, State and Zip (Required)
<i>10/8/18</i>	<i>10/8/18</i>
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, personally appeared before me _____, identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I assisted the voter at his/her request. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respect the secrecy of the ballot and of the voter, unless I assisted the voter at his/her request. (Complete Voter Assistant Certification NOTE: A notary must not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

W. HENDRIX
R. HEEL RD.
ELI, NC 28392

BLADEN COUNTY

Ballot # G004

W. HENDRIX
AD P80/P80
2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an **Unaffiliated** voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature _____
 Name Correction (if applicable) _____

7/28/18
 Date

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____

X
 Signature of Assistant _____

Date _____

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>James R. Webb</i>	Signature (Required) <i>Rita Brubaker</i>
Street Address (Required) 216 WEBB PAUL RD	Street Address (Required) 303 RICH ST 3F
City, State and Zip (Required) BLADENBORO, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 9-28-18	Date 9-28-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-30)

STATE OF _____
 COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Emergency Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, an Absentee Application and ballot will be issued to me by mail. (Check this box to receive eligible ballots.)

Request for Illness/Disability
 If I am ill or have a physical or mental condition that prevents me from voting, I request that I be allowed to request for absentee ballots for any other election held this calendar year in which I am eligible to vote. (Check this box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LORINE GILFORD HENRY
 803 MOULTRIE LN
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
 LORINE GILFORD HENRY
 PCT/VTD: P501/P501
 11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot my presence; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Pamela V Henry</i> Street Address (Required) 282 McAdams Dr City, State and Zip (Required) Elizabeth Town NC 28337 Date 10-15-18	Signature (Required) <i>Deborah Graham</i> Street Address (Required) 2188 Hwy 301 N City, State and Zip (Required) Elizabeth Town NC 28337 Date 10-15-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified; and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-10)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEA

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PAMELA VENEER HENRY
 282 MCADAM DR
 ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY



Ballot: 0004
 PAMELA VENEER HENRY
 PCT/VTD: P501/P501
 11/08/2018 GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (If applicable)

10-1-18
 Date

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am assistance because a near relative or verifiable legal guardian, or I am providing assist the Voter.

Signature of assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>John Wooten</i>	Signature (Required) <i>Deborah Moore</i>
Street Address (Required) <i>108 Lewis Dr</i>	Street Address (Required) <i>8101 The Hatcher Rd</i>
City, State and Zip (Required) <i>Elizabethtown NC 28337</i>	City, State and Zip (Required) <i>Carroll NC 28613</i>
Date <i>10/1/18</i>	Date <i>10-1-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was properly identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 17C NC 2-4

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WARNING
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Ballot: 28320
DEN COUNTY

Ballot: 0001
WARNING
202/P202
GENERAL

Date: _____

Any Request or Runoff Request
If a Second Primary (or Runoff Election) is called, I request that my absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
If I am expected to be ill or disabled, I request that my absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

305X 792
28320
N.C. 28320

Voter's Certification (Required)
I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ one (1) Notary Public as Witness (the Notary Public must complete the Option 2 of the Witnesses' Certification)

Date: 10-23-18

Name Correction (if applicable): _____

Voter Assistant Certification (if applicable)
I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant: _____ Address of Assistant: _____

X
Signature of Assistant: _____ Date: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Regina B. Watson	Kimberly Turner
Signature (Required)	Signature (Required)
400 N. Main St.	366 Webb Fork Rd.
Street Address (Required)	Street Address (Required)
Bladenboro, N.C. 28710	Bladenboro N.C. 28710
City, State and Zip (Required)	City, State and Zip (Required)
10-23-18	10-23-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, the voter: personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-30).

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date: _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

HEUSTESS
 MS RD
 ORO, NC 28320
 ADEN COUNTY

Ballot: 0001
 HEUSTESS
 09-202/P202
 18 GENERAL

Primary Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If I am expected to be ill or disabled, I request that I be a request for absentee ballots for any other election held this calendar year in which I am eligible to check the box to receive eligible ballots.)

(If applicable)
 Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ Two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) <i>Anthony J. J.</i> Street Address (Required) 303 PELCAN ST (2-H) State and Zip (Required) BLADENBORO NC 28320	Signature (Required) <i>Lula Edwards</i> Street Address (Required) 59 Storms Rd Bladenboro NC Date 11/1/18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and attesting a notarial seal to an absentee ballot application or certificate. [G.S. § 102-30]

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party; or who is a campaign manager or treasurer for any candidate or political party.

ANDREA LYNN HEVERLY
 2305 GUYTON RD.
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



CIV-515 | Ballot: G001
 ANDREA LYNN HEVERLY
 PCT/MTD: P202/P202
 11/06/2018 | GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

10-1-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required): *Andrea Lynn Heverly*
 Street Address (Required): 2305 Guyton Rd
 Bladenboro, NC 28320
 City, State and Zip (Required): 10-1-18
 Date

Signature (Required): *Andrea Lynn Heverly*
 Street Address (Required): 2305 Guyton Rd
 Bladenboro, NC 28320
 City, State and Zip (Required): 10-1-18
 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEA

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I am unable to appear at the polls. I am requesting that an absentee ballot be issued to me for any other election to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

TIME _____ REQ'D BY

BLADEN CO. BD. OF ELECTIONS

Address where application and ballots should be mailed

RECEIVED
 OCT 01 2018

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRENTON KEITH HEVERLY II
 2305 GUYTON RD
 BLADENBORO, NC 28320
 UNA - BLADEN COUNTY

Ballot: G001
 BRENTON KEITH HEVERLY II
 PCT/VTD: P202/P202 Munt:
 11/08/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (If Applicable)

Notary Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

BLADEN CO. BD. OF ELECTIONS

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Andrew Heverly</i> Street Address (Required) 2305 Guyton Rd City, State and Zip (Required) Bladenboro NC 28320 Date 10-1-18	Signature (Required) <i>Mona WJ</i> Street Address (Required) 2305 Guyton Rd City, State and Zip (Required) Bladenboro, NC 28320 Date 10-1-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEA

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHELLEY D HEWETT
 303 PECAN ST # 1G
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 SHELLEY D HEWETT
 PCT/VTD/P202/P202
 11/06/2018 - GENERAL

Muni: 20

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)
 Karen Dewless

Signature (Required)
 Jonathan Judson

Street Address (Required)
 2740 Twisted Hickory Rd.

Street Address (Required)
 314 Lennan Drive

City, State and Zip (Required)
 Elizabethtown N.C. 28337

City, State and Zip (Required)
 Bladenboro NC 28320

Date
 10/16/18

Date
 10/16/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter

personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Fraudulently or Falsely completing this

The following people are PROHIBITED

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Witnesses' Certification:

Chapter 163 of the N.C. General Statutes

adult care home: (1) an owner, manager, director, or employee of that

MARKUS DE'ONTEZ HIGH
401 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003

MARKUS DE'ONTEZ HIGH

PCT/VTD:P501/P501

11/06/2018 - GENERAL

Muni:50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

11/04/18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)
DEBORAH MONROE

Signature (Required)
Jola Wilson

Street Address (Required)
91 Clyde Henderson Rd

Street Address (Required)
108 LEWIS ON

City, State and Zip (Required)
COUNCIL NC 28434

City, State and Zip (Required)
Elizabethtown NC

Date

10/4/18
Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate described in the WARNING on the flap of this envelope. I am at least 18 years old. I am not disqualified from witnessing the ballot of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).
NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

The following people are PROHIBITED from signing the Witnessed Certificate:
 1. A candidate, **UNLESS** the candidate is the voter's spouse, parent, child, or sibling.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEM - BLADEN COUNTY

[illegible]

Ballot: G003

ELIZABETH HILL

PCT/MTD:P25/P25

11/08/2018 - GENERAL

Munt: 25

Approval Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)
- OR
- ☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

OR

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: The voter

Assistant Certification (if applicable)
 I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witness-
described in the WARNING on the flap of this envelope. The Voter marked the
my presence, or caused it to be marked in the Voter's presence according to his or
The Voter signed this Absentee Application and Certificate; or caused it to be signed
the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at
[complete Voter Assistant Certification section]

Witness #1
Lola Webb
Signature (Required)

708 Lewis DR

Street Address (Required)
E104 belh ton 20702

City, State and Zip (Required) 10-2-17

Date _____

Appendix 2

DEBRAH MON

Signature (Required)
S. J. C. H. H. H. H.

Street Address (Required)
CORNELL

City, State and Zip (Required)

Public as Witness

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, personally appeared before me _____, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked, presence according to his/her instruction. The Voter signed this Absentee Application and caused it to be signed. I am at least 18 years old. I am not disqualified from witness as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request. I complete Voter Assistant Certificate.

NOTE: A notary may not perform any fee for this service.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STACY EUGENE HOLCOMB
 303 PECAN ST #1G
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 STACY EUGENE HOLCOMB
 PCT/VTD: P202/P202 Muni: 20
 11/08/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public.

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction, and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Jonathan J. Anderson Street Address (Required) 3141 Lennon Drive Bladenboro NC 28320 City, State and Zip (Required) 10/10/18	Signature (Required) J. K. Deaton Street Address (Required) 2706 Thimbleton Rd Bladenboro NC 28320 City, State and Zip (Required) 10/10/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

YE HORNE
 E ST # 5D
 PO NC 28320
 DEN COUNTY

Ballot: G001
 YE HORNE
 P202/P202
 18 GENERAL

Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the Witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Bernard G. Benton</i>	Signature (Required) <i>Arthur J. Jol</i>
Street Address (Required) <i>312 Pine Ridge Circle</i>	Street Address (Required) <i>303 PECAN ST. (2-H)</i>
City, State and Zip (Required) <i>Bladenboro NC 28320</i>	City, State and Zip (Required) <i>BLADENBORO NC 28320</i>
Date <i>10-29-18</i>	Date <i>10-29-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date: _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ER MICHAEL BARNES HORRELL
 SEEDR
 NC 28444
 DEN COUNTY

Ballot: G002
 PHER MICHAEL BARNES HORRELL
 P65/P65 Muni:
 5 GENERAL

Date:

Request or Runoff Request

A Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

For expected illness or disability, I request that a request for absentee ballots for any other election in the calendar year in which I am eligible to vote be received. (Check the box to receive eligible ballots.)

Applicable

Application and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 294 N. Wingate St	Street Address (Required) 426 Thornrose Way
City, State and Zip (Required) Wake Forest, NC 27587	City, State and Zip (Required) Wake Forest, NC 27587
Date 10/15/18	Date 10/15/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10A-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

IONNA CHANEL HOWARD
51 MARTIN LUTHER KING DR
ZABETH TOWN, NC 28337

W- BLADEN COUNTY



Ballot: G003

DONNA CHANEL HOWARD

ST/MTD:P501/P501 Muni: 50

10/28/2018 - GENERAL

APPROVED BY

Signature of Voter

Primary Request or Runoff Request

Event that a Second Primary (or Runoff Election) is called, at that an absentee application and ballot be issued to me, I request that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

Continued or expected illness or disability. I request that I be a request for absentee ballots for any other reason to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

10-23-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Delena McKoy</i>	Signature (Required) <i>Blaise Chon</i>
Street Address (Required) 1209 MLK Dr	Street Address (Required) 1209 MLK Dr
City, State and Zip (Required) Ft. Worth NC 28337	City, State and Zip (Required) Ft. Worth NC 28337
Date 10-23-2018	Date 10-23-2018

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

RECEIVED

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate for political party.

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

RECEIVED
OCT 01 2018

DEBORAH ANN HUCHINGSON
7365 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
DEBORAH ANN HUCHINGSON
PCT/VTD: P15/P16 Muni:
11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) _____

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction, and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant _____

X
Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Clifford S. L.</i>	Signature (Required) <i>James R. Sengstack</i>
Street Address (Required) 7365 N.C. Hwy 131	Street Address (Required) P.O. Box 688, Bladenboro, NC 28320
City, State and Zip (Required) Bladenboro, N.C. 28320	City, State and Zip (Required) Bladenboro, N.C. 28320
Date 9-20-18	Date 9-20-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 106-5C)

STATE OF _____

COUNTY OF _____

Notary Public _____

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

ANDREA RENE HUDSON
 38 DICKSON RD
 RIEGELWOOD NC 28456

DEM BLADEN COUNTY



Ballot: G002

ANDREA RENE HUDSON

REC/VTD:P30/P30

Munt:30

14/08/2018 GENERAL

Board Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot. (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot, my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Carol Graham	Signature (Required) Takesha Bowers
Street Address (Required) 38 Dickson Rd	Street Address (Required) 138 Dickson Rd
City, State and Zip (Required) Riegelwood NC 28456	City, State and Zip (Required) Riegelwood NC 28456
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot, described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-2)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State; congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

E LEWIS HUFHAM
EILE FORD RD
NC 28433
JEN COUNTY

Ballot: G003
E LEWIS HUFHAM
25/P25 Muni: 25
GENERAL

Date: 11-2-18

Request or Runoff Request
If a Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
If of expected illness or disability, I request that be a request for absentee ballots for any other held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

CLARKTON, NC 28433
Application and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR
☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature
Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant
X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Hagan Turner	Signature (Required) Chas Danner
Street Address (Required) 6650 James B. White	Street Address (Required) 6510 Green St
City, State and Zip (Required) Whiteville NC 28433	City, State and Zip (Required) Clarkton NC 28433
Date 11-2-18	Date 11-2-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and providing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____
COUNTY OF _____
Notary Public
SEAL
Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

LEWIS HUFHAM
 SHELLFORD RD
 NC 28433
 ADEN COUNTY

Ballot: G003
 LEWIS HUFHAM
 P25/P25 Muni: 25
 18 GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature: _____

Name Correction (if applicable): _____

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: _____ Address of Assistant: _____

X
 Signature of Assistant: _____ Date: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required): <i>James B. White</i>	Signature (Required): <i>Chas. D. Duvall</i>
Street Address (Required): <i>650 James B. White</i>	Street Address (Required): <i>650 Green St</i>
City, State and Zip (Required): <i>Whiteville NC 28433</i>	City, State and Zip (Required): <i>Clarkton NC 28433</i>
Date: <i>11-2-18</i>	Date: <i>11-2-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affording a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____
 COUNTY OF _____
 Notary Public: _____
 Commission Expiration Date: _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

EDWARD NARVELL HUMPHREY

711 NC 20 HWY
 STAR HILL, NC 28392

DEM - BLADEN COUNTY



Ballot: G004

EDWARD NARVELL HUMPHREY

PCT/VD:P60/P60

Muni:

11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)
Barbara Cagell

Signature (Required)
Deana M. Cagell

Street Address (Required)

Street Address (Required)

2990 MLK Drive

2990 MLK Drive

State and Zip (Required)

City, State and Zip (Required)

Elizabethtown, NH 05537

28337

10-26-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 102-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (a) an owner, manager, director, or employee of that facility; (2) an individual who holds any formal title, position, or office in the State, congressional district, county or precinct political party or organization or who is a campaign manager or treasurer for any candidate or political party.

OCT 27 2018

MINNIE GERTRUDE HUMPHREY
11 NC 20 HWY
TARHEEL, NC 28392

DEM - BLADEN COUNTY

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Barbara C. Coddell
Signature (Required)

Barbara C. Coddell
Signature (Required)

2990 MLK Drive
Street Address (Required)

2990 MLK Drive
Street Address (Required)

Elizabethton, N.C.
City, State and Zip (Required)

Elizabethton, N.C.
City, State and Zip (Required)

28337
City, State and Zip (Required)

10-26-2018
Date

28337
City, State and Zip (Required)

10-26-18
Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-59).

STATE OF

COUNTY OF

SEAL

Notary Public

Commission Expiration Date

Ballot: G004
MINNIE GERTRUDE HUMPHREY
PCT/VTDIP60/P60
11/06/2018 GENERAL

Date Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that his application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed:

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ZACHARY CHANCE HUNT
499 EVERS RD
BLADENBORO, NC 28320

REP - BLADEN COUNTY

Ballot: G001
ZACHARY CHANCE HUNT
PCT/VTD B15/P15
11/08/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)
- OR
- ☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X



Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
303 Pecan St 3F Street Address (Required)	1216 WEBB FAULK RD Street Address (Required)
Bladenboro, NC 28320 City, State and Zip (Required)	BLADENBORO, NC 28320 City, State and Zip (Required)
9-28-18 Date	9-28-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-3C)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

for all voters: a candidate, UNLESS the candidate is the voter's near relative;
 or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANTHONY HYATT SR
 LEWIS RD
 ORO, NC 28320
 ADEN COUNTY

Ballots G001
 ES ANTHONY HYATT SR
 D: P202/P202 Munk:
 016 GENERAL
 Date: 10/5/18

Request of Runoff Request
 A Second Primary (or Runoff Election) is called.
 Absentee application and ballot be issued to me.
 (Check the box to receive eligible ballots.)

Request of Illness or Disability
 A request for absentee ballots for any other
 reason (Check the box to receive eligible ballots.)

Applicable:
 Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).
 OR
☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Teresa S. Nyak	Signature (Required) Debra M. Singletary
Street Address (Required) 415 Berry Lewis Rd	Street Address (Required) 415 Berry Lewis Rd
City, State and Zip (Required) Bladenboro N.C. 28320	City, State and Zip (Required) Bladenboro N.C. 28320

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate; **UNLESS** the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TERESA SINGLETARY HYATT
415 BERRY LEWIS RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

Ballot: G001
TERESA SINGLETARY HYATT
PCT/VTD/P202/P202 Muni:
11/08/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

Further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

5-18
Date:

Name Correction (if applicable):

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I, complete Voter Assistant Certification section.

Witness #1	Witness #2
Signature (Required) <i>Wendy J. Hester</i>	Signature (Required) <i>Debra M. Sine</i>
Street Address (Required) <i>371 Sunset Park Rd</i>	Street Address (Required) <i>415 Berry Lewis</i>
City, State and Zip (Required) <i>Bladenboro NC 28320</i>	City, State and Zip (Required) <i>Bladenboro NC 28320</i>
Date <i>10-5-2018</i>	Date <i>10-5-2018</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in his/her presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE v2018.02

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

ES THOMAS INGRAM

JEE DR

ELS NC 28444

BLADEN COUNTY

Ballot # G002

ES THOMAS INGRAM

VTD P65/P65 Muni:

3/20/18 GENERAL

NOV 10 2018

Primary Request or Runoff Request

at that a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me.

Request for Illness/Disability

intended or expected illness or disability, I request that

State be a request for absentee ballots for any other

to be held this calendar year in which I am eligible to

to (Check the box to receive eligible ballots.)

Voter (if applicable)

an application and ballots should be mailed

NOV 10 2018

TIME _____ REGD

BLADEN CO, BD. OF

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Deborah R. Kett</i>	Signature (Required) <i>Hilda Ingram</i>
Street Address (Required) 932 BAY RIDGE RD	Street Address (Required) 34 Kildee DR
City, State and Zip (Required) HARRIS NC 28444	City, State and Zip (Required) HARRIS NC 28444
Date 11/5/2018	Date 11/5/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate; UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization; (4) a campaign manager or treasurer for any candidate or political party.

OCT 01 2018

TIME REC'D BY

CHRISTOPHER SCOTT INMAN

7365 NC 131 HWY
BLADENBORO, NC 28320

REP. - BLADEN COUNTY



Ballot: G001
CHRISTOPHER SCOTT INMAN
PCT/VD/P15/P15
11/06/2018 - GENERAL

Muni.

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me (and mailed to me). (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10-18
Date

Name (Correction if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses

(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The voter marked the enclosed ballot my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Deborah A. ...</i>	Signature (Required) <i>James R. Singleton</i>
7365 N.C. Hwy 131	1216 WEBBFAULK RD
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
9-30-18	9-30-18
Date	Date

Option 2: Notary Public as Witness

(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-26)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RUDOLPH INMAN
BROAD ST
SPRINGTOWN, NC 28337

BLADEN COUNTY



Ballot: G005
IES: RUDOLPH INMAN
VTD: P502/P502
10/20/18 - GENERAL

Muni: 50

Valid Date:

Primary Request or Runoff Request

If a Second Primary (or Runoff Election) is called, it is an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

If I am ill, injured, or expected illness or disability, I request that I be a request for absentee ballots for any other election held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

(If Applicable)

Bladen County
Elizabethtown
28337

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the Witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

0-8-18
Date:

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Walter C. McNeill</i>	Signature (Required) <i>Helen K. Kessel</i>
Street Address (Required) PO Box 1630 4922 Mercer Mill Rd	Street Address (Required) 405 Walking Stick Trail
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Clinton NC 28328
Date 10-8-18	Date 10-8-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 163-30f]

STATE OF _____
COUNTY OF _____
Notary Public _____
Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ERY JORDAN IVEY
CENTER RD
ENBORO, NC 28320
BLADEN COUNTY

Ballot: G001
KERY JORDAN IVEY
VTD: P202/P202
8/2018 - GENERAL

Muni:

providing

Primary Request or Runoff Request
I certify that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me as directed. (Check this box to receive eligible ballots.)

Request for Illness/Disability
I certify that I am requesting absentee ballots for any other to be held this calendar year in which I am eligible to vote. (Check this box to receive eligible ballots.)

Voter (if applicable)
Center Road Bladenboro
NC 28320
are application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter: _____ Date: 10-13-18

Name Correction (if applicable): _____

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant: _____ Address of Assistant: _____

Signature of Assistant: _____ Date: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Mary Beth Wever	Signature (Required) Billie C. Lewis
Street Address (Required) 10850 Center Rd	Street Address (Required) 10812 Center Road
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro, NC
Date 10-13-18	Date 10-13-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108-30)

STATE OF _____
COUNTY OF _____
Notary Public _____
Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY BETH IVEY
 10850 CENTER RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY

Ballot: G001
 MARY BETH IVEY
 PCT/VTD:P202/P202
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Lin Britt</i>	Signature (Required) <i>Dan R. Smith</i>
Street Address (Required) 303 Acorn St 3F	Street Address (Required) 316 WEBB FAULK
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) BLADENBORO NC 28320
Date 9-29-18	Date 9-29-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary (pay not charge now fee for notary)

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters, a candidate, UNLESS the candidate is the voter's near relative:
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DOLORES DEEVER KELLY
 3332 OLD ABBOTTSBURG RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 DOLORES DEEVER KELLY
 PCT/MTD:P201/P201
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

10-14-18
 Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instructions; and/or I assisted the voter in completing this Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. The Voter marked the back of my presence, or caused it to be marked in the Voter's presence according to his/her instructions. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)
 3332 Old Abbottsburg Rd
 Bladenboro NC 28320
 City, State and Zip (Required)
 10-14-2018
 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared _____, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instructions. The Voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).
 NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot envelope.
 STATE OF _____
 COUNTY OF _____

Notary Public

Commission Expires

NCSBE 2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ILLIE F. KELLY
 1202 DAISY ST
 ELIZABETH TOWN, NC 28337
 DEM. - BRADEN COUNTY
 Ballot: G003
 PCT/MD: P501/P501 Muni: 60
 11/06/2018 - GENERAL
 Date Approval Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an **Unaffiliated** voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Date: 10-24-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am assisting the voter because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant: Tonya McDonald
 Address of Assistant: 1202 Daisy St
 Signature of Assistant: Tonya McDonald
 Date: 10-24-18

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required): <i>Tatiana Bullock</i>	Signature (Required): <i>Tonya McDonald</i>
Street Address (Required): 5295 Peanut Plant Rd	Street Address (Required): 1202 Daisy St
City, State and Zip (Required): EITOWN NC 10/24/18	City, State and Zip (Required): EITOWN NC 10/24/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-3)

STATE OF _____
 COUNTY OF _____

Notary Public
 Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KENNEDY
 STED HICKORY RD
 HICKORY, NC 28337
 ADEN COUNTY

JEFFREY G. GDD1
 JE KENNEDY
 ID: P501/P501
 1018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot. (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public

Signature of Voter (Required) 418

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <u>Jessica Dowless</u>	Signature (Required) <u>Shonda Dowless</u>
Street Address (Required) <u>266 Twisted Hickory</u>	Street Address (Required) <u>303 Pican St</u>
City, State and Zip (Required) <u>E-Town N.C. 28337</u>	City, State and Zip (Required) <u>Bladenboro NC 28320</u>
Date <u>10/27/18</u>	Date <u>10/27/18</u>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

for all voters: a candidate, UNLESS the candidate is the voter's near relative;
for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

ENKINDRED
 MY W
 NC 28399

EN COUNTY



Ballot: G004

EN KINDRED

1/P35 Muni:

GENERAL

Date:

Signature of Voter (Required):

Name Correction (if applicable):

Request for Runoff Request

Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I am requesting an absentee ballot for any other reason. I am requesting an absentee ballot for any other reason.

Signature of Voter (Required):

Name Correction (if applicable):

Request for Runoff Request

Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I am requesting an absentee ballot for any other reason. I am requesting an absentee ballot for any other reason.

Signature of Voter (Required):

Name Correction (if applicable):

Request for Runoff Request

Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I am requesting an absentee ballot for any other reason. I am requesting an absentee ballot for any other reason.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required):

Name Correction (if applicable):

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant:

Address of Assistant:

X

Signature of Assistant:

Date:

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Jessica Black</i>	Signature (Required) <i>Antia Kindeed</i>
Street Address (Required) 427 Wright + Lloyd	Street Address (Required) 5713 Hwy 53 W
City, State and Zip (Required) White Oak NC	City, State and Zip (Required) White Oak NC
Date 11/02/18	Date 11/02/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence, according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108-302)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of the facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHERYL JANE KINLAW
 1500 CHESTNUT ST
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 CHERYL JANE KINLAW
 PCT/VTD: P202/P202
 11/06/2018 - GENERAL

Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter

10-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from my presence, or caused it to be marked in the Voter's presence according to the WARNING on the flap of this envelope. I am not disqualified from the secrecy of the ballot and the Voter's privacy, unless I assisted the voter in completing the Voter Assistant Certification section.

Witness #1	Witness #2
Signature (Required) King S. Eason	Signature (Required) [Signature]
Street Address (Required) 401 Edwards Ave.	Street Address (Required) 8717 AL
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladen
Date 10-10-18	Date 10-10-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, personally appeared I identified, and in my presence, the voter marked the enclosed ballot, or caused presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from the secrecy of the ballot and the Voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application.

STATE OF

☐ Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEBRA WARD KINLAW
7961 NC 242 HWY S
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001

DEBRA WARD KINLAW

PCTVTD:P501/P501

11/06/2018 - GENERAL

Muni:

ward Approval Date

Second Primary Request or Runoff Request

in the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

due to continued or expected illness or disability, I request that an application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

0-11-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p>Signature (Required)</p> <p><i>Mark Kinlaw</i></p>	<p>Signature (Required)</p> <p><i>Mark Kinlaw</i></p>
<p>Street Address (Required)</p> <p>7961 NC 242 S.</p>	<p>Street Address (Required)</p> <p>7961 NC 242 S.</p>
<p>City, State and Zip (Required)</p> <p>Bladenboro NC 28320</p>	<p>City, State and Zip (Required)</p> <p>Bladenboro NC 28320</p>
<p>Date</p> <p>10-11-18</p>	<p>Date</p> <p>10-11-18</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10A-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEA

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

GENE W. KINLAW
1132 J.A. CARROLL RD
BLADENBORO, NC 28320
UNA BLADEN COUNTY



Ballot: G001
GENE W. KINLAW
PCT/VTD: P15/P15
11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of Voter

0-12-18

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)

Sharon G. Kinlaw

Street Address (Required)

1132 J.A. Carroll Rd.

City, State and Zip (Required)

Bladenboro NC 28320

Signature (Required)

Leslie A. Shaw

Street Address (Required)

1132 J.A. Carroll Rd.

City, State and Zip (Required)

Bladenboro NC 28320

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter

personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 1-202)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEA

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

323 J.A. Carroll Road
Bladenboro NC 28320

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARK WAYNE KINLAW
 7961 NC 242 HWY S
 BLADENBORO, NC 28320

JNA 1 BLADEN COUNTY



Ballot: G001
 MARK WAYNE KINLAW
 PCTA/ID: P501/P501
 11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter
 Date: 10-11-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) [Signature]	Signature (Required) [Signature]
Street Address (Required) 7961 NC 242 S	Street Address (Required) 7961 NC 242 S
City, State and Zip (Required) BLADENBORO NC 28320	City, State and Zip (Required) BLADENBORO NC 28320
Date 10-11-18	Date 10-11-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-34)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Second Primary Request or Runoff Request
 (In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me by mailed ballot. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 (If you are unable to appear in person to vote because of illness or disability, I request that a ballot be issued to me by mailed ballot for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHANNON G KINLAW
 162 J.A. CARROLL RD
 BLADENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
 SHANNON G KINLAW
 RCT/VTD/P15/P15
 11/06/2018 GENERAL

Muni:

Approval Date:

Second Primary Request or Runoff Request
 In event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I request that to continued or expected illness or disability, I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Debbie A. Shaw</i>	Signature (Required) <i>Shannon G. Kinlaw</i>
Street Address (Required) 116 J.A. Carroll Rd	Street Address (Required) 11325 J.A. Carroll Road
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 11-28-18	Date 11-22-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 16B.S. § 10B-304.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters, a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political organization for who is a campaign manager or treasurer for any candidate or political party.

INLAW
 IE CIR
 NC 28320

N COUNTY

Ballot: G001
 KINLAW
 1/P201
 GENERAL

Muni: 20

Request or Runoff Request
 (or Primary (or Runoff Election) is called, the application and ballot be issued to me. Check the box to receive eligible ballots.)
or Illness/Disability
 expected illness or disability, I request that request for absentee ballots for any other his calendar year in which I am eligible to be box to receive eligible ballots.)

able.)

and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature: [Signature] Date: 10-24-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: _____ Address of Assistant: _____

☒ Signature of Assistant: _____ Date: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*; or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <u>Donna Dutilleul</u>	Signature (Required) <u>Bobbie Edwards</u>
Street Address (Required) <u>219 Herlock Drive</u>	Street Address (Required) <u>104 Pecan Street Apt 3C</u>
City, State and Zip (Required) <u>Bladenboro NC 28320</u>	City, State and Zip (Required) <u>Bladenboro NC 28320</u>
Date <u>10-24-18</u>	Date <u>10-24-18</u>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*; or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 10.S. § 108-302.

STATE OF _____
 COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

or all voters; a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIPMAN JACKSON
RD
WIN, NC 28387

NC COUNTY

Ballot G002
SHIPMAN JACKSON
2/P5022 Muni:
GENERAL

Request or Runoff Request
(Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

For Illness/Disability
or expected illness or disability, I request that the request for absentee ballots for any other of this calendar year in which I am eligible to the box to receive eligible ballots.)

on and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Lola Webster</i>	Signature (Required) <i>James Hammond</i>
Street Address (Required) <i>108 Hewitt Dr</i>	Street Address (Required) <i>237 Mt. Olive Rd</i>
City, State and Zip (Required) <i>Elizabeth town NC 28337</i>	City, State and Zip (Required) <i>Elizabeth town NC 28337</i>
Date <i>10/29/18</i>	Date <i>10/29/18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter: identified; and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary MAY not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM ALAN JACKSON
 3951 MITCHELL FORD RD
 CLARKTON, NC 28433

UNA - BLADEN COUNTY



Ballot G001
 WILLIAM ALAN JACKSON
 PCT/VTD: P10/P10
 11/06/2018 - GENERAL

Muni:

Ballot Approval Date:

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me in the event that I am not eligible to vote in person. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote in person. (Check the box to receive eligible ballots.)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

10/28/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Angela Allen</i>	Signature (Required) <i>John J. Noyes</i>
Street Address (Required) 8987 US Hwy 701 South	Street Address (Required) 8895 US Hwy 701 S.
City, State and Zip (Required) Clarkton, NC	City, State and Zip (Required) CLARKTON, N.C.
Date 10/29/18	Date 10-29-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respect the secrecy of the ballot and the pr of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10-10]

STATE OF

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters: a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

☒ Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 1248 East 4th Street	Street Address (Required) 248 East 4th St
City, State and Zip (Required) Durham, NC 28332	City, State and Zip (Required) Durham, NC 28332
Date 10/17/18	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 163-30]

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JACOBS
 SE ST # 38
 28433
 COUNTY
 Ballot: G003
 JZ JACOBS
 VP25 Muni: 25
 GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) [Signature] Date 9/18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant Lola Weston Address of Assistant 108 Lewis Dr SE Town
 Signature of Assistant [Signature] Date 10/2/18

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <u>[Signature]</u>	Signature (Required) <u>[Signature]</u>
Street Address (Required) <u>1813 Vine St.</u>	Street Address (Required) <u>1813 Vine St.</u>
City, State and Zip (Required) <u>Charlotte NC 28337</u>	City, State and Zip (Required) <u>Charlotte NC 28337</u>
Date <u>10-2-18</u>	Date <u>10-2-18</u>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-90).

STATE OF _____
 COUNTY OF _____
 Notary Public _____
 Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DON JACOBS
49 WOMACK WAY
WHITE LAKE, NC 28337
DEM - BLADEN COUNTY



Ballot: G004

DON JACOBS
PCT/VTD: P40/P40
11/06/2018 - GENERAL

Muni: 40

OCT 2
TIME REC
BLADEN CO. BD

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an **Unaffiliated** voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☒ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature: Date: 10/25/18

Name Cont.

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instructions; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the 25 day of October, 2018, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respect the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to this absentee ballot application and certificate. [G.S. § 106-30]

STATE OF NC

COUNTY OF Robeson

MY COMM. EXPIRES

10/25/18

Notary Public

Signature: SEAL

Commissioner Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ENETTE BARBER JACKSON
 551 MITCHELL FORD RD
 CLARKTON, NC 28433

NA: BLADEN COUNTY



Ballot: G001
 DENETTE BARBER JACKSON
 PCT/VTD: P10/P10 Muni:
 11/08/2018 - GENERAL

Approval Date:

Second Primary Request or Runoff Request
 the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me if mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 to continue or expected illness or disability, I request that a application be a request for absentee ballots for any other elections to be held this calendar year, in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification),

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) [Signature] Date 12/8/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <u>[Signature]</u>	Signature (Required) <u>[Signature]</u>
Street Address (Required) <u>8987 US Hwy 701 South</u>	Street Address (Required) <u>8895 US 701 S.</u>
City, State and Zip (Required) <u>Clarkton NC 28433</u>	City, State and Zip (Required) <u>CLARKTON, N.C. 28433</u>
Date <u>10/29/18</u>	Date <u>10-29-18</u>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 10 S. § 109-3.

STATE OF

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

the following people are PROHIBITED from signing the Witnesses' Certification:

all voters: a candidate, UNLESS the candidate is the voter's near relative;

voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

- ☒ a notary public (the notary must complete **Option 2** of the *Witnesses' Certificate*)

Signature by voter in electronic

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant:

Address of Assistant

X.

Signature of Assistant

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing described in the WARNING on the flap of this envelope • The Voter marked the end my presence, or caused it to be marked in the Voter's presence according to his/her The Voter signed this Absentee Application and Certificate, or caused it to be signed the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at a [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that, on the 31st day of October, 2018, the Voter, Deanne Letha Jacobs, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 105-30]

STATE OF Virginia

COUNTY OF: Alameda

History Publishing

Correlation Function Data

NCSBE v2018.02

Oct - 31, 2021

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

in all voters, a candidate, UNLESS the candidate is the voter's near relative;
 if voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Helen Sue Edwards	Signature (Required) Dana Raveel
Street Address (Required) 106 Springchase Lane	Street Address (Required) Rocky Pt NC 28457
City, State and Zip (Required) Rocky Point NC 28457	City, State and Zip (Required) 11-1-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

HELLE JENKINS

3 LN

8448

DEN COUNTY

Ballot # G002

MICHELLE JENKINS

P55/P55

18 GENERAL

Munt:

Early Request or Runoff Request

If a Second Primary (or Runoff Election) is called, the absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

Due to expected illness or disability, I request that I be a request for absentee ballots for any other held this calendar year in which I am eligible to check the box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JAQUEL RASHAWN JESSUP
 5504 NC 53 HWY W
 WHITE OAK, NC 28399

DEM - BLADEN COUNTY



Ballot: G004
 JAQUEL RASHAWN JESSUP
 PCT/VID: P35/P35 Muni:
 11/06/2018 GENERAL

Approval Date:

Second Primary Request or Runoff Request
 is event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me (mailed to me). (Check the box to receive eligible ballots.)

Final Request for Illness/Disability
 to continued or expected illness or disability, I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Where application and ballots should be mailed:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
 Signature

10-73-14
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section]

Witness #1	Witness #2
Signature (Required): <i>Lin Jessup</i>	Signature (Required): <i>Rochelle Highmore</i>
Street Address (Required): 5504 Hwy 53 West	Street Address (Required): 57 N Clark St PO Box
City, State and Zip (Required): White Oak, N.C. 28399	City, State and Zip (Required): Clarkton NC 28433
Date: 10-73-18	Date:

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter (identified, and in my presence; the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JANINE JESSUP
 53 HWY.W
 AK, NC 28399

LADEN COUNTY



Ballot: G004
 JANINE JESSUP
 P35/P35
 3 GENERAL

Muni:

Mail Date:

Primary Request or Runoff Request

that a Second Primary (or Runoff Election) is called, for absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

used or expected illness or disability, I request that be a request for absentee ballots for any other be held this calendar year in which I am eligible to Check the box to receive eligible ballots.)

if applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses'

10/15/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Lab Watson</i>	Signature (Required) <i>Janine Jessup</i>
Street Address (Required) 108 Lewis DR	Street Address (Required) 3504 Hwy 53
City, State and Zip (Required) Elizabethtown NC 27337	City, State and Zip (Required) West, White Oak, NC
Date 10/15/18	Date 10/15/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

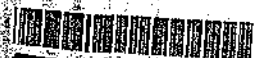
Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

LAJUNE JESSUP
146 PEARL LLOYD RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY



Ballot: G004
LAJUNE JESSUP
PCT/VD: P35/P35
11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter

Name Correction (If Applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Signature of Assistant: Lda Wooten 108 Lewis Dr Elizabeth Hanover, NC

Signature of Assistant: x Lda Wooten 10/15/18

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required): Lda Wooten	Signature (Required): Sandra Quinn
Street Address (Required): 108 Lewis Dr	Street Address (Required): 1813 Vin St
City, State and Zip (Required): Elizabeth Hanover NC 28337	City, State and Zip (Required): Elizabeth Hanover NC 28333
Date: 10/15/18	Date: 10-15-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 1-206)

STATE OF _____
COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SA KAY JESSUP
 104 NC 53 HWY W
 WHITE OAK, NC 28399

EM - BLADEN COUNTY



Ballot: G004
 LISA KAY JESSUP
 PCT/VD: P35/P35
 11/06/2018 - GENERAL

Munl:

Approval Date

Second Primary Request or Runoff Request
 I certify that a Second Primary (or Runoff Election) is called, best that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballots.)

Qual Request for Illness/Disability
 I certify that I am continuing or expected illness or disability, I request that application be a request for absentee ballots for any other one to be held this calendar year in which I am eligible to appear. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot. (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter:

10-15-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request. (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Rochelle H. Smith</i>	Signature (Required) <i>Annice Smith</i>
Street Address (Required) 5701 Clark St P.O. Box 13089	Street Address (Required) 1001 S. Richardson
City, State and Zip (Required) Clarkston NC 28433	City, State and Zip (Required) Elizabeth NC 288
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request. (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 166-32)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LIZZIE MAE JESSUP
390 TWISTED HICKORY RD # 10
ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G001

LIZZIE MAE JESSUP

PCT/NTD/P15/P16

11/06/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ball described in the WARNING on the flap of this envelope. The Voter marked the enclosed ball my presence; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>John W. Smith</i>	Signature (Required) <i>Deborah M. Smith</i>
Street Address (Required) <i>108 Leonard St</i>	Street Address (Required) <i>81 Clarks Highway</i>
City, State and Zip (Required) <i>Elizabeth NC 28337</i>	City, State and Zip (Required) <i>Council NC 2845</i>
Date <i>10/16/18</i>	Date <i>10-16-18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ball described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the pr of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification sec

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 1C

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Ms. Deloris Johnson
 1075 Pleasant Grove Church Rd.
 Bladenboro, NC 28320-7911

Ms. Deloris Johnson
 1075 Pleasant Grove Church Rd.
 Bladenboro, NC 28320-7911

BERT ERN
 75 PLEASANT GROVE CHURCH RD
 ADENBORO, NC 28320

VA - BLADEN COUNTY



Ballot: G001
 ALBERT ERNEST JOHNSON
 PCT/VTD: P-15/P15 Munk:
 11/06/2018 - GENERAL

Signature of Voter (If applicable)

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public to complete Option 2 of the Witnesses' Certification

X
 Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed in the presence of the ballot and the voter's privacy, unless I assisted the Voter at his/her request. (Complete Voter Assistant Certification section)

Witness #1	Witness #2
Signature (Required) <i>Nora Smith</i>	Signature (Required) <i>Rhonda Cain</i>
Address (Required) <i>1239 Pleasant Grove Church Rd.</i>	Address (Required) <i>P.O. Box 706</i>
City, State and Zip (Required) <i>Bladenboro, NC 28320</i>	City, State and Zip (Required) <i>Bladenboro, NC 28320</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed in the presence of the ballot and the voter's privacy, unless I assisted the voter at his/her request. (Complete Voter Assistant Certification section)

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANTHONY JENNINGS JOHNSON
 303 PECAN ST # 2H
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 ANTHONY JENNINGS JOHNSON
 PCT/NTD:P202/P202
 11/06/2018 - GENERAL
 Munt: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

 Sign

9-27-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Ray Genov	Signature (Required) W. Mon Shogan
Block Address (Required) 1111 MIDWAY DR	Block Address (Required) 306 MIDWAY DR
City, State and Zip (Required) BLADENBORO NC 28320	City, State and Zip (Required) BLADENBORO NC 28320

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and attesting a notarial seal to an absentee ballot application, or certificate, G.S. § 10-10.

STATE OF

Returned By Voter 9-27-18

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Ms. Deloris Johnson
 1075 Pleasant Grove Church Rd.
 Bladenboro, NC 28320-7911

Ms. Deloris Johnson
 1075 Pleasant Grove Church Rd.
 Bladenboro, NC 28320-7911

DELORIS B JOHNSON
 1075 PLEASANT GROVE CHURCH RD
 BLADENBORO, NC 28320

DEM - BLADEN COUNTY



Ballot: G001
 DELORIS B JOHNSON
 PCT/VTD: P15/P15 Muni:
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable) _____

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed in my presence. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Rhonda Cain</i>	Signature (Required) <i>Nana Smith</i>
Street Address (Required) P.O. Box 706	Street Address (Required) 1239 Pleasant St.
City, State and Zip (Required) Chadbourn N.C. 28431	City, State and Zip (Required) Bladenboro N.C. 28320
Date 10-24-2018	Date 10-24-2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed in my presence. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

Second Primary Request or Runoff Request
 If the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that the application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable) _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ISAIAH JOHNSON
 132 LISBON RD
 CLARKTON, NC 28433
 CLARKTON - BLADEN COUNTY

Ballot: G002
 ISAIAH JOHNSON
 PCT/VD:P75/P75
 11/08/2018 - GENERAL

Approval Date: _____
Second Primary Request or Runoff Request
 In event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballots.)

Ball Request for Illness/Disability
 I am continuing or expected illness or disability. I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Name of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) MARIE J. BROWN	Signature (Required) [Signature]
Street Address (Required) 4832 Lisbon Rd	Street Address (Required) 123 Church St
City, State and Zip (Required) Clarkton, NC 28433	City, State and Zip (Required) Clemmons, NC 28433
Date 10/16/18	Date 10/16/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 103-31]

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JIMMIE G. JOHNSON
 2830 JOHNSONTOWN RD
 ELIZABETH TOWN, NC 28337

DEM BLADEN COUNTY



Ballot: G004
 JIMMIE G. JOHNSON
 PCT/VTD: P40/P40
 11/08/2018 - GENERAL

Muni:

Local Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Donna B. Johnson</i>	Signature (Required) <i>James G. Johnson</i>
Street Address (Required) 3360 Oak Ridge Rd	Street Address (Required) 3360 Oak Ridge Rd
City, State and Zip (Required) Elizabethtown, N.C. 28337	City, State and Zip (Required) Elizabethtown, N.C. 28337
Date 10-23-18	Date 10-23-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S.G. 102)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KENDRA ELISA JOHNSON
 36 FRANK MELVIN RD
 ELIZABETHTOWN, NC 28337

EM - BLADEN COUNTY



Ballot: G004
 KENDRA ELISA JOHNSON
 ECT/VD:P35/P35
 11/06/2018 - GENERAL

Muni:

and Approval Date:

Second Primary Request or Runoff Request
 (The event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me be mailed to me. (Check the box to receive eligible ballots.)

Initial Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to anticipate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)

I am applying for an absentee ballot - I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

0/24/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Kimberly Hobson</i>	Signature (Required) <i>Montez Bell</i>
Street Address (Required) 136 Frank Melvin Rd	Street Address (Required) 136 Frank Melvin Rd
City, State and Zip (Required) Elizabethtown, NC 28337	City, State and Zip (Required) Elizabethtown, NC 28337
Date 11/24/18	Date 11/24/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-10)

STATE OF

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State congressional district, county, or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

(1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State congressional district, county, or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RANDY LEE JOHNSON
10008 NC 41 HWY E
HARRELLS, NC 28444

UNA - BLADEN COUNTY



Ballot: G004
RANDY LEE JOHNSON
PCT/VD: P40/P40
11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of Voter (in)

22-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Amelia H. Butler</i>	Signature (Required) <i>Patty Lynn Mate</i>
Street Address (Required) 10008 NC Hwy 41E	Street Address (Required) 10008 NCHwy 41E
City, State and Zip (Required) Harrells, NC 28444	City, State and Zip (Required) Harrells, NC 28444
Date 10-22-18	Date 10-22-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 108-1)

STATE OF _____

COUNTY OF _____

Notary Public

SEA

Commission Expiration Date

NCSBE v2018.02

Second Primary Request or Runoff Request
If the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me. I mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
If I am to continue or expected illness or disability, I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote.

Name of Voter (if applicable)

OB NCHwy 41E Harrells, NC 28444

Where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters: a candidate, UNLESS the candidate is the voter's near relative;
Voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JOHNSON
ANCHIRD
NC 28320
N COUNTY

Ballot: G001
JOHNSON
2/P202
GENERAL

Munit:

Request or Runoff Request
 Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me (Check the box to receive eligible ballots).

for Illness/Disability
 I request that I be provided an absentee ballot for any other calendar year in which I am eligible to vote.

and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Robert Oakley Wright</i>	Signature (Required) <i>Debrae...</i>
Street Address (Required) 502 S. ...	Street Address (Required) 4447 Old ...
City, State and Zip (Required) Blair, NC 28320	City, State and Zip (Required) Blair, NC 28320
Date 10/24/18	Date 10-26-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

VERNESSA ANN JOHNSON
SWANZY RIDGE WAY # 104
ZABETH TOWN NC 28337
BLADEN COUNTY



Ballot: G005
VERNESSA ANN JOHNSON
PCT/MTD:P502/P502 Muni: 60
11/08/2018 - GENERAL

Approval Date

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
If, due to continued or expected illness or disability, I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Swanzy Ridge Hwy #104 Bladen County NC 28337
is where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Sign

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Shirley Carter Smith</i>	Signature (Required) <i>Edward J. Smith Jr.</i>
Street Address (Required) 2091 Third Ave.	Street Address (Required) 505 Sheppard Rd
City, State and Zip (Required) Elizabethtown, NC 28337	City, State and Zip (Required) Wilmington, N.C. 284
Date 10/23/18	Date 10/23/2018

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (S.S. § 10B-36)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative; **For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MARJORIE KURMAY JOKELA
WILSON RD
HITE LAKE, NC 28337

EM - BLADEN COUNTY



Ballot: G004
MARJORIE KURMAY JOKELA
PCT/MTD/P40/P40 Muni: 40
11/06/2018 - GENERAL

Approval Date

and Primary Request or Runoff Request

Even though a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

To continue or expected illness or disability, I request that application be a request for absentee ballots for any other time to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

7 White Lake Dr, #201
where application and ballots should be mailed

Bladen County, NC, 28337

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☒ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Notary

10-21-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

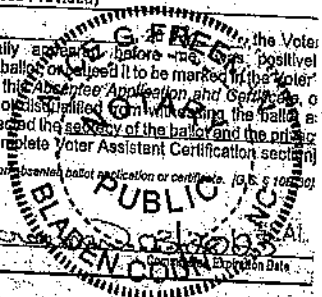
I certify that on the 21 day of October, 2018, I personally appeared before me, the Notary Public, and in my presence, the Voter marked the enclosed ballot or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respect the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10A-102)

STATE OF NC

COUNTY OF Bladen

Notary Public



Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

BERT WAIN JOKELA
 WILSON RD
 WHITE LAKE, NC 28337
 M - BLADEN COUNTY

Ballot: G004
 ROBERT WAIN JOKELA
 CT/VTD:P40/P40
 1/06/2018 GENERAL

Munt: 40

Approval Date:

Primary Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If I am unable to appear at the polls due to a continued or expected illness or disability, I request that an absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

Where application and ballots should be mailed:
 WHITE LAKE, NC 28337

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☒ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

X

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the 21st day of October, 2018, I personally appeared before me, the Notary Public, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-301)

STATE OF NC

COUNTY OF Bladen

Notary Public

Bladen County Seal

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

(1) voters: a candidate, UNLESS the candidate is the voter's near relative;
 (2) voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 09 2018

EVONNE JONES
 WILL RD #11
 WNC, NC 28337
 N COUNTY

Ballot: G005
 EVONNE JONES
 /P502 Muni: 50
 GENERAL

Request or Runoff Request
 and Primary (or Runoff Election) is called.
 If application and ballot be issued to me
 check the box to receive eligible ballots.)
Illness/Disability
 I request that
 request for absentee ballots for any other
 Is calendar year in which I am eligible to
 box to receive eligible ballots.)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

NCSBE V2

Witnesses' Certification

Option 1: Two Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Lola Foster	Signature (Required) DEBORAH MURPHY
Street Address (Required) 100 Newis DR	Street Address (Required) 81 Clyde Hatcher Rd
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Council NC 28434
Date 10-2-18	Date 10-2-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing a notary public witness. (N.C. S. § 103-302)

SEAL

Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters: a candidate, UNLESS the candidate is the voter's near relative; voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that organization; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party; or who is a campaign manager or treasurer for any candidate or political party.

ARD JONES
DR
N, NC 28337

COUNTY

ot: G004

ARD JONES

501

Munl:

NÉRAL

Site:

Request or Runoff Request
Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

for Illness/Disability
I request that a request for absentee ballots for any other 1 this calendar year in which I am eligible to the box to receive eligible ballots.)

licable)

on and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>David G...</i>	Signature (Required) <i>David G...</i>
Street Address (Required) 1813 Vine St	Street Address (Required) 1813 Vine St
City, State and Zip (Required) Charlotte NC 28337	City, State and Zip (Required) Charlotte NC 28337
Date 10-27-18	Date 10-28-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and attesting a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters: a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that organization; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Ames C. Wells</i>	Signature (Required) <i>W. Morrow</i>
Street Address (Required) <i>211 White Plains Rd</i>	Street Address (Required) <i>123 Charles Dr</i>
City, State and Zip (Required) <i>Clarkton, NC 28433</i>	City, State and Zip (Required) <i>Conest, NC 28434</i>
Date <i>10-28-18</i>	Date <i>10/28/18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: Identified; and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (C.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters: a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JONES
 (LN
 WN, NC 28337
 N COUNTY

Ballot: G004
 JONES
 P35
 GENERAL

Muni:

Request for Runoff Request
 Second Primary (or Runoff Election) is called.
 Absentee application and ballot be issued to me
 (Check the box to receive eligible ballots.)

for Illness/Disability
 expected illness or disability, I request that
 I request for absentee ballots for any other
 this calendar year in which I am eligible to
 the box to receive eligible ballots.)

(able)
 n and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application.
 • All information represented on this application is correct. • I am entitled to vote in this election. • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification);

OR

☐ a notary public or a Notary Public as Witness (the Notary Public must complete the Option 2 of the Witnesses' Certification)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>108 Lewis Dr</i>	Signature (Required) <i>1813 Pine St.</i>
Street Address (Required) <i>Elizabethtown NC 28337</i>	Street Address (Required) <i>Elizabethtown NC 28337</i>
City, State and Zip (Required) <i>10/4/18</i>	City, State and Zip (Required) <i>10-4-18</i>
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

QUINTINA FRANCA JONES
 209 MERCER MILL RD # 1N
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G005
 QUINTINA FRANCA JONES
 PCT/VTD: P502/P502 Muni: 50
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) _____ Date _____

Name Correction (If applicable) _____

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) DEBORAH MONROE	Signature (Required) John Hester
Street Address (Required) 311 Clyde Hatcher Rd	Street Address (Required) 108 Lewis Dr
City, State and Zip (Required) Carrington, NC 28434	City, State and Zip (Required) Elizabethtown, NC 28337
Date 10-4-18	Date 10/4/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the V presence according to his/her instruction. The Voter signed this Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the pr of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification sec

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal in an absentee ballot.

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

all voters: a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that organization, or who is a campaign manager or treasurer for any candidate or political party; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Agnes C. Willis</i>	Signature (Required) <i>James D. Willis</i>
Street Address (Required) <i>26 White Plains Ch. Rd</i>	Street Address (Required) <i>125 Charles Dr</i>
City, State and Zip (Required) <i>Clarkton, NC 28433</i>	City, State and Zip (Required) <i>Conover, NC 28430</i>
Date <i>10-28-18</i>	Date <i>10/28/18</i>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

for all voters: a candidate, UNLESS the candidate is the voter's near relative;
for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

ANTHONY LANDRETH

ST
NC 28320

IN COUNTY



Ballot: G001
ANTHONY LANDRETH
202/P202 Muri: 20
GENERAL

Date

Request or Runoff Request
If a Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
If I am expected to be ill or disabled, I request that a request for absentee ballots for any other election held this calendar year in which I am eligible to vote be sent to me to receive eligible ballots.

Applicable

tion and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

☒ Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

☒ Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Connie Marie Edwards</i>	Signature (Required) <i>Arthur W. Richards</i>
Street Address (Required) <i>106 Village St.</i>	Street Address (Required) <i>10127 NC 131 Hwy</i>
City, State and Zip (Required) <i>Bladenboro NC 28320</i>	City, State and Zip (Required) <i>Bladenboro NC 28320</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 16B-30]

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

OLYN GIBSON LANE
 CHICKENFOOT RD
 HEEL, NC 28392

BLADEN COUNTY



Ballot: G004
 ROELYN GIBSON LANE
 ST/MTD: P60/P60
 08/2018 GENERAL

Muni:

Primary Request or Runoff Request
 I certify that a Second Primary (or Runoff Election) is called, that an absentee application and ballot is issued to me, and that I am eligible to vote. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I certify that I am unable to appear at the polls due to illness or disability. I request that continued or expected illness or disability. I request that a request for absentee ballots for any other is to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)
 Chicken Foot Road
 Heel, NC 28392

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Hobson Lane Jr.	Signature (Required) William H. Whitted
Street Address (Required) 590 Chicken Foot Rd.	Street Address (Required) 5964 Chicken FT Rd.
City, State and Zip (Required) TARHEEL N.C. 28392	City, State and Zip (Required) St. Pauls N.C. 28384
Date 10-25-18	Date Oct 25 2018

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

N. LEE
E. W. KELLY RD
N. NC 28433

ADEN COUNTY



Ballot: G003

ANN LEE
D:P25/P25 Muni: 25
018 - GENERAL

Date: _____

Early Request or Runoff Request
If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
In the event of expected illness or disability, I request that I be a request for absentee ballots for any other held this calendar year in which I am eligible to seek the box to receive eligible ballots.)

(Applicable) _____

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) 1/5/18 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____

X _____
Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<u>Lola Woods</u> Signature (Required)	<u>Linda Guinn</u> Signature (Required)
<u>108 Lewis DR</u> Street Address (Required)	<u>1813 Vein St</u> Street Address (Required)
<u>Elizabethton NC 28337</u> City, State and Zip (Required)	<u>Elizabethton NC 28337</u> City, State and Zip (Required)
<u>10/5/18</u> Date	<u>10/5/18</u> Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 106-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NORRIS C LEE JR
653 BOOKER T WASHINGTON SCHOOL RD
CLARKTON, NC 28433

DEM - BLADEN COUNTY



Ballot: G003

NORRIS C LEE JR

PCT/MTD:P25/P25

Muni: 25

11/08/2018 - GENERAL

Board Approval Date

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Witness

10-16-18

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Lila Weston</i>	Signature (Required) <i>DEBORAH MOORE</i>
Signature (Required) <i>108 Lewis DR</i>	Signature (Required) <i>Blythe Hatcher Rd</i>
Street Address (Required) <i>Eliza Behteen NC 28433</i>	Street Address (Required) <i>Council NC 28434</i>
City, State and Zip (Required) <i>10/16/18</i>	City, State and Zip (Required) <i>10-16-18</i>
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 1-202)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

IS FRANKLIN LEE
 NC 242 HWY S
 ENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
 S FRANKLIN LEE
 ID: P202/P202
 018 GENERAL

Muni:

Proval Date:

Primary Request or Runoff Request

I certify that a Second Primary (or Runoff Election) is called, and that an absentee application and ballot be issued to me, to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I certify that I am ill or have a physical condition that may prevent me from voting in person. I request that I be given a request for absentee ballots for any other election held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Other (if applicable):

application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Sandra Guins 1813 Vine St Elizabeth NC 28307
 Name of Assistant Address of Assistant

X Sandra Guins
 Signature of Assistant

10-16-18
 Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>Lola Liberto</i> Signature (Required)	<i>Sandra Guins</i> Signature (Required)
<i>108 Lewis DR</i> Street Address (Required)	<i>1813 Vine St</i> Street Address (Required)
<i>Elizabeth NC 28307</i> City, State and Zip (Required)	<i>Elizabeth NC 28307</i> City, State and Zip (Required)
<i>10/16/18</i> Date	<i>10-16-18</i> Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notary seal to an absentee ballot application or certificate. (G.S. § 100-307)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 01 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

NTEL LEINWAND
ND AVE
TOWN, NC 28337

DEN COUNTY



Ballot: G004
GINTEL LEINWAND
P501/P501 Muni: 50
8 - GENERAL

Date: _____

Request for Runoff Request
If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
If I am expected to be absent on election day, I request that a request for absentee ballots for any other held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. Information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

☐ a Notary Public OR
a Notary Public (Option 2 of the Witnesses' Certification)

X
Signature of Voter (Required) _____ Date 10/28/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

SHARON M. LEINWAND Raleigh, NC
Name of Assistant Address of Assistant

X
Signature of Assistant _____ Date 10/28/18

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Michael A. Leinwand	Signature (Required) Sharon M. Leinwand
Street Address (Required) 304 Woodland Drive	Street Address (Required) 304 Woodland Drive
City, State and Zip (Required) Elizabeth town NC 28337	City, State and Zip (Required) Elizabeth town NC 28337
Date 10/28/18	Date 10/28/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A Notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30)

STATE OF _____
COUNTY OF _____

Notary Public _____ Commission Expiration Date _____

SEAL

Absentee Application and Certificate

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The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 05 2018

MARIE LESANE
 17 HWY E
 DOD, NC 28456
 ADEN COUNTY

TIME REC
 BLADEN CO. SD

Ballot: G002
 Y MARIE LESANE
 D:P30/P30
 18 - GENERAL
 Date: _____

Primary Request or Runoff Request
 If at a Second Primary (or Runoff Election) is called, an absentee application and ballot is issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If, for expected illness or disability, I request that I be a request for absentee ballots for any other election held this calendar year in which I am eligible to check the box to receive eligible ballots.)

(If applicable)
 Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of _____

Date _____

Name Correction (if applicable): _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Alyssa D. Weaver	Signature (Required) Dorothy Taylor
Street Address (Required) 24891 NC Hwy 87 E	Street Address (Required) 1801 Fayetteville St
City, State and Zip (Required) Riegelwood, NC 28456	City, State and Zip (Required) Durham, NC 27707
Date 10/26/18	Date 10-26-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public _____

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

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For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 05 2018

MARIE LESANE
HWY E
RD, NC 28456
DEN COUNTY

TIME _____ REG. BY _____
BLADEN CO. SD 2018

Ballot: G002
MARIE LESANE
P30/P30 Muni: 30
3 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of voter

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Allyson D. Weaver</i>	Signature (Required) <i>Donna Taylor</i>
Street Address (Required) 24891 NC Hwy 87 E	Street Address (Required) 1801 Fayetteville St
City, State and Zip (Required) Kiege Wood, NC 28456	City, State and Zip (Required) Durham, NC 27107
Date 10/26/18	Date 10-26-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: Identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

for all voters; a candidate, UNLESS the candidate is the voter's near relative;
for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization for who is a campaign manager or treasurer for any candidate or political party.

ERALL LESANE
ST
TOWN, NC 28337

ADEN COUNTY

Ballot: G003
A TERALL LESANE
D:P50/P501
18 GENERAL
Muni: 50

Date: _____

Request or Runoff Request
A Second Primary (or Runoff Election) is called; absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)
Request for Illness/Disability
For expected illness or disability, I request that a request for absentee ballots for any other ball this calendar year in which I am eligible to vote the box to receive eligible ballots.)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

[Signature]
Signature of Voter

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____ Address of Assistant _____

[Signature]
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>[Signature]</i> Signature (Required)	<i>[Signature]</i> Signature (Required)
10800 S DR Street Address (Required)	1813 Vine St Street Address (Required)
Elizabeth, NC 28337 City, State and Zip (Required)	Elizabeth, NC 28337 City, State and Zip (Required)
10/1/18 Date	10-1-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

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STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are **PROHIBITED** from signing the Witnesses' Certification:

for all voters: a candidate, UNLESS the candidate is the voter's near relative;
for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

SSANE
RD
TOWN, NC 28337
DEN COUNTY



Ballot: G001

ESSANE
P15/P15
GENERAL

Munt:

Date: _____

Request for Runoff Request
If a Second Primary (or Runoff Election) is called, the absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
If I am expected to be ill or disabled, I request that a request for absentee ballots for any other election held this calendar year in which I am eligible to vote be sent to me. (Check the box to receive eligible ballots.)

Application and ballots should be mailed _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

9-27-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>James W. Seane</i>	Signature (Required) <i>James W. Seane</i>
Street Address (Required) <i>52 Pomeroy Rd</i>	Street Address (Required) <i>312 Pine Ridge Circle</i>
City, State and Zip (Required) <i>Bladenboro NC 28320</i>	City, State and Zip (Required) <i>Bladenboro NC 28320</i>
Date <i>9-27-18</i>	Date <i>9-27-18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-37)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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for all voters; a candidate, UNLESS the candidate is the voter's near relative;
for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

ESSANE
RD
TOWN, NC 28337
DEN COUNTY

Ballot: G001
ESSANE
15/P15
- GENERAL

Date: _____

Request or Runoff Request
If Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
If I am expected to be ill or disabled, I request that a request for absentee ballots for any other election in this calendar year in which I am eligible to vote be sent to me. (Check the box to receive eligible ballots.)

Applicable

Ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA); I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p><i>Wendy Lassane</i> Signature (Required)</p> <p><i>52 RAMP RD.</i> Street Address (Required)</p> <p><i>Chapel Hill, N.C. 27337</i> City, State and Zip (Required)</p> <p><i>9-27-18</i> Date</p>	<p><i>Benjamin Gary Baker</i> Signature (Required)</p> <p><i>312 Pine Ridge Circle</i> Street Address (Required)</p> <p><i>Bladenboro NC 28320</i> City, State and Zip (Required)</p> <p><i>9-27-18</i> Date</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JUNE LESSANE
 AY ST
 TOWN, NC 28337

DEN COUNTY



Ballot: G003
 JUNE LESSANE

501/P501

Muni:

GENERAL

Date:

Request for Runoff Request

(a Second Primary (Or Runoff Election) is called, (absentee application and ballot be issued to me) (Check the box to receive eligible ballots.)

Request for Illness/Disability

(If I am ill or have a disability, I request that be a request for absentee ballots for any other held this calendar year in which I am eligible to ask the box to receive eligible ballots.)

(Applicable)

Location and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Certific:

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Sharon Lessane 2217 Murrell St
 Name of Assistant Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>Bertha Campbell</i>	<i>Deathea N. Poe</i>
Signature (Required)	Signature (Required)
<i>108 Quail St.</i>	<i>12847 Hwy 53 West</i>
Street Address (Required)	Street Address (Required)
<i>Elizabeth Town NC 28337</i>	<i>White Oak NC 28399</i>
City, State and Zip (Required)	City, State and Zip (Required)
<i>11-2-18</i>	<i>11-2-18</i>
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 106-50)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANNIE M LEWIS
300 HILL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G005
ANNIE M LEWIS
PCT/VTD-P502/P502
11/06/2018 GENERAL

Muni: 50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter, voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 123 Charles Dr	Street Address (Required) 300 Hill St
City, State and Zip (Required) Courton, NC 28434	City, State and Zip (Required) Elizabethtown
Date 10/18/18	Date 10-18-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-32)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me, and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State or Congressional campaign committee, or in a political party or organizational committee, or as a campaign manager or treasurer for any candidate or political party.

CAROLYN ANN LEWIS
8887 NC 41 HWY E
HARRELLS, NC 28444

REP - BLADEN COUNTY

Ballot: G004
CAROLYN ANN LEWIS
PGT/MTD: P40/P40
11/06/2018 GENERAL

Munt

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (the

10-22-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

Witness #1

Witness #2

Signature (Required)

Signature (Required)

8597 Hwy 41 East
Street Address (Required)

8597 Hwy 41 East
Street Address (Required)

Harrells NC 28444
City, State and Zip (Required)

Harrells NC 28444
City, State and Zip (Required)

10-22-18
Date

10-22-18
Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 100-90)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

NCSBE v2018.02

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
In the event of continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Nature of Voter (if applicable)

8887 Hwy 41 E Harrells
less where application and ballots should be mailed
N.C.
28444

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds official state or congressional district county or precinct political party or organizational office or who is a campaign manager or treasurer for any candidate or political party.

CHARLES LEE LEWIS SR
888 NC 41 HWY E
HARRELLS, NC 28444

DEM - BLADEN COUNTY

Ballot: G004
CHARLES LEE LEWIS SR
PCTA/TD:P40/P40
11/08/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check this box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ Two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public who must complete Option 2 of the Witnesses' Certification

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's Instructions; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Michael C. Johns</i>	Signature (Required) <i>John</i>
Street Address (Required) 9557 Hwy 41 East	Street Address (Required) 9557 Hwy 41 East
City, State and Zip (Required) Harrells NC 28444	City, State and Zip (Required) Harrells NC 28444
Date 10-22-18	Date 10-22-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-3)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date: _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SJR
TOWN, NC 28337
DEN COUNTY

Ballot: G003
WIS JR
P501/P501 Muni: 50
3 - GENERAL

Date: _____

Request for Runoff Request
If a Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)
☐ **Request for Illness/Disability**
If I or expected illness or disability, I request that be a request for absentee ballots for any other held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)
☐

applicable)
ation and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

X

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)
108 Lewis Dr

Signature (Required)
1813 Vine St

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)
Elizabethtown NC 28337

City, State and Zip (Required)
Elizabethtown NC 28337

Date
10-1-2018

Date
10-1-2018

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DORIS ANN BRITT LEWIS
8853 BURNEY RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY

Ballot: G004
DORIS ANN BRITT LEWIS
PCT/VD: P80/P80
11/06/2018 - GENERAL

Muni:

Guard Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Valea Peacock McKay	Signature (Required) Ann P. Ward
Street Address (Required) 943 Rico Rd	Street Address (Required) 1798 NC Hwy 11
City, State and Zip (Required) Whiteville, NC 28472	City, State and Zip (Required) Kellie NC 28448
Date 10-22-18	Date 10/22/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 160-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RT GREGORY LEWIS
WIS POCKET
ENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
RT GREGORY LEWIS
TD: P16/P15
2018 - GENERAL

Muni:

Primary Request or Runoff Request
If a Second Primary (or Runoff Election) is called,
at an absentee application and ballot be issued to me
to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
Injured or expected illness or disability, I request that
be a request for absentee ballots for any other
be held this calendar year in which I am eligible to
(Check the box to receive eligible ballots.)

near (if applicable)

application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Cert)

X

Signature of Voter

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Sharon G. Kilar</i>	Signature (Required) <i>W. J. Hester</i>
Street Address (Required) 1162 J.A. Correll Rd.	Street Address (Required) 371 Sunset Park Rd
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 11-2-18	Date 11-2-2018

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 105-50)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GWENDOLYN COUNCIL LEWIS
 2068 TAR HEEL FERRY RD
 WHITE OAK, NC 28399

DEM BLADEN COUNTY



Ballot: G004
 GWENDOLYN COUNCIL LEWIS
 PCT/VTD:P80/P80 Muni:
 11/05/2018 - GENERAL

Board Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (if applicable)

11/12/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1:

Witness #2:

DEBORAH MONROE

Janet Gunn

Signature (Required)

Signature (Required)

951 Clyde Highway Rd

1813 Vine St

Street Address (Required)

Street Address (Required)

Durham NC 28414

Elizabeth NC 28333

City, State and Zip (Required)

City, State and Zip (Required)

10-12-18

10/12/18

Date

Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S.C. 1-2.1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JANICE LONG LEWIS
5218 MARSH RD
BLADENBORO, NC 28320

DEM - BLADEN COUNTY



Ballot: G001
JANICE LONG LEWIS
PCT/VTD: P15/P15
11/08/2018 - GENERAL

Muni:

Board Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature: Janice Long Lewis
Address where application and ballots should be mailed: 5218 Marsh Rd Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
Signature

9-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <u>Janice Long Lewis</u>	Signature (Required) <u>Janice Long Lewis</u>
Street Address (Required) <u>1901 Hill Acres Rd</u>	Street Address (Required) <u>5218 Marsh Rd</u>
City, State and Zip (Required) <u>Bladenboro NC 28320</u>	City, State and Zip (Required) <u>Bladenboro NC 28320</u>
Date <u>10-19-18</u>	Date <u>10-19-18</u>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I, the Notary Public, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. N.C.S. § 10B-100

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STACY LEE LEWIS JR
 320 BROWNS CREEK CHURCH RD
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
 STACY LEE LEWIS JR
 PCT/VD:P501/P501
 1/106/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public who is present and completes Option 2 of the Witnesses' Certification

Name Correction (if applicable)

Date: 1-18

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing my presence, or caused it to be marked in the voter's presence according to his/her presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the voter and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Samuel Lewis</i>	Signature (Required) <i>Lola Lewis</i>
Street Address (Required) 1813 W. St.	Street Address (Required) 108 Lewis Dr.
City, State and Zip (Required) Elizabeth NC 28337	City, State and Zip (Required) Elizabeth Town N.C.
Date 10-1-18	Date 10-1-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked, in accordance with his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the voter and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application.

Second Primary Request or Runoff Request:
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability:
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

NAIROBI MARCUS LEWIS
 300 HILL ST
 ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY



Ballot: G005
 NAIROBI MARCUS LEWIS
 PCT/VTD:P502/P502
 11/06/2018 - GENERAL

Muni: 50

Board Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the V identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the V's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section)

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S.G. 106)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization; or who is a campaign manager or treasurer for any candidate or political party.

LOUISE HERRING LITTLE
10081 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
LOUISE HERRING LITTLE
PCT/VD/P202/P202
11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR
☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)
Dale L. Christman

Signature (Required)
Lisa Britt

Signature (Required)
Dale L. Christman

Signature (Required)
303 Picon St SE

City, State and Zip (Required)
Bladenboro NC 28320

City, State and Zip (Required)
Bladenboro NC 28320

City, State and Zip (Required)
10-5-18

City, State and Zip (Required)
10-5-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-109)

STATE OF

COUNTY OF

Notary Public

Commission Expiration Date

SEA

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ERIC LITTLE
 HICKORY RD
 TOWN, NC 28337
 DEN COUNTY

Ballot: G001
 ERIC LITTLE
 P501/P501
 8 - GENERAL

Muni:

Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

☒ Sign

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

☒ Sign

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Wendy S. Little	Vivian Tator
Signature (Required)	Signature (Required)
2217 Marsh Rd	549 Hwy 410 Apt 8-2
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
11-1-18	11-1-18
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

LLOYD
E AVE
K, NC 28399

ADEN COUNTY

Ballot: G004
MAE LLOYD
D:P80/P80 Muni:
0181 - GENERAL

Date:

Early Request or Runoff Request

If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

If I am or expect to be ill or disabled, I request that I be a request for absentee ballots for any other election held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Signature of Assistant: *Andrew Guinn*
Address of Assistant: *1613 Vine St*

Signature of Assistant: *Andrew Guinn*
Date: *10-12-18*

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>DEBORAH MONROE</i>	Signature (Required) <i>Sarah Guinn</i>
Street Address (Required) <i>31 Clyde Hatcher Rd</i>	Street Address (Required) <i>1813 Vine St</i>
City, State and Zip (Required) <i>Council NC 28374</i>	City, State and Zip (Required) <i>Elizabeth NC 28339</i>
Date <i>10-12-18</i>	Date <i>10-12-18</i>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-92)

STATE OF _____
COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHAWNTA LYNETTE LLOYD
 1039 S BRADY PLANTATION RD
 COUNCIL, NC 28434

DEM - BLADEN COUNTY



Ballot: G002
 SHAWNTA LYNETTE LLOYD
 PCT/VD: P30/P30
 11/06/2018 GENERAL

Board Approval Date

☒ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate.

Signature of _____
 SW 62nd Blvd, Apt. 5
 Gainesville, FL 32607
 Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

X
 Signature of Voter (Required) _____ Date _____

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____

X
 Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 4915 NW 21st Drive	Street Address (Required) 15077 NW 31st Ter
City, State and Zip (Required) Gainesville, FL 32605	City, State and Zip (Required) Gainesville, FL 32606
Date 10/15/2018	Date 10/15/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was properly identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 16A-2-10

STATE OF _____
 COUNTY OF _____
 Notary Public _____ Commission Expires Dec _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KI MARIE LOCKLEAR
51 NC 242 HWY S
DENBORO, NC 28320

BLADEN COUNTY



Ballot: G001

KI MARIE LOCKLEAR

ST/VTD: P202/P202

1/08/2018 - GENERAL

Approval Date:

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

☒

Signature

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

☒

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Brian Morgan</i>	Signature (Required) <i>Thomas Erdlin</i>
Street Address (Required) <i>102 E Ridge Rd Blawieck</i>	Street Address (Required) <i>9750 Hollow way rd</i>
City, State and Zip (Required) <i>Blawieck NY 10940</i>	City, State and Zip (Required) <i>Dallas, Tx 75220</i>
Date <i>10/7/18</i>	Date <i>10/7/18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSRE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MELROSE LOMAX
 VOOD ST
 WVN, NC 28337

EN COUNTY



Ballot: G004
 MELROSE LOMAX
 01/P501 Muni: 50
 GENERAL

Date: _____

Request or Runoff Request:
 A Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability:
 (For unexpected illness or disability, I request that a request for absentee ballots for any other election in this calendar year in which I am eligible to vote be issued to me. (Check the box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Assistant

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: Identified; and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. S. 1-100-20)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

440 of 796

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WINFRED LONG
2 HWY S
JRO, NC 28320

ADEN COUNTY



Ballot: G001
D:WINFRED LONG
D:P202/P202
Y18: GENERAL

Muni:

Ballot

Request for Runoff Request

at a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

due to expected illness or disability, I request that I be a request for absentee ballots for any other election held this calendar year in which I am eligible to check the box to receive eligible ballots.)

(If applicable)

to Hwy 242 South
Bladenboro NC 28320

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

10/11/18

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Imma Long</i>	Signature (Required) <i>Imma P. Long</i>
Street Address (Required) 600 North Main St	Street Address (Required) 9933 Hwy 242-5000
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10/11/18	Date 10-11-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization; or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 02 2018

ONG
WY S
NC 28320
N COUNTY

Ballot: G001
N LONG
202/P202 Muni:
- GENERAL

Date:


Voter's Certification (Required) TIME _____ REC'D BY _____

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

 12/18
Date

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

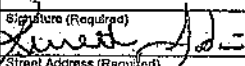
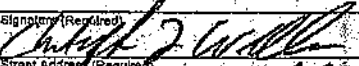
Name of Assistant _____ Address of Assistant _____

X
Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) 	Signature (Required) 
Street Address (Required) 9760 Hwy 242 South	Street Address (Required) 582 Bluney Rd
City, State and Zip (Required) Bladenboro, N.C. 28500	City, State and Zip (Required) Bladenboro NC 28500
Date 11-2-18	Date 11/2/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 106-30)

STATE OF _____

COUNTY OF _____

Notary Public _____ Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RICHARD M LONG
8 HILLSIDE CIR
LADENBORO, NC 28320
NA - BLADEN COUNTY



Ballot: G001
RICHARD M LONG
PGT/VD: P202/P202
11/06/2018 - GENERAL

Muni:

Second Primary Request or Runoff Request
to event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me (mailed to me). (Check the box to receive eligible ballots.)

Request for Illness/Disability
to continued or expected illness or disability, I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Use of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (complete Option 2 of the Witnesses' Certification)

Signature of Voter
9-28-18
Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>James R. Long</i>	Signature (Required) <i>Lisa Britt</i>
Street Address (Required) 216 WEBB FAIR RD	Street Address (Required) 303 PEARL ST 3F
City, State and Zip (Required) BLADENBORO, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 9-28-18	Date 9-28-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and attesting a notarial seal to an absentee ballot application or certificate. 10A-5-106-30

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBIN BAXLEY LONG
277 PAGES LAKE RD
ST. PAULS, NC 28384

DEMI - BLADEN COUNTY

Ballot: G004
ROBIN BAXLEY LONG
PCT/NTD: P60/P60
11/06/2018 - GENERAL

Board Approval Date: _____

☒ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter: _____
277 Pages Lake Rd. St. Pauls
NC 28384

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Signature of Voter (Required) _____

10/19/18
Date

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) <i>Della Baxley</i>	Signature (Required) <i>Shirley A. McNamee</i>
Street Address (Required) 74 Davis Farm Rd.	Street Address (Required) 56 Davis Farm Rd.
City, State and Zip (Required) St. Pauls NC 28384	City, State and Zip (Required) St. Pauls NC 28384
Date 10-19-18	Date 10-19-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 10 S.S. 1.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate; **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

SHERRY PAIT LONG
 9933 NC 242 HWY S
 BLADENBORO NC 28320
 UNA - BLADEN COUNTY

Ballot: G901
 SHERRY PAIT LONG
 PCT/VTD: P202/P202
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. The Voter signed the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
 Signature (Required) Bladenboro NC 28320 City, State and Zip (Required)	 Signature (Required) Bladenboro NC 28320 City, State and Zip (Required)

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, personally appeared before me, _____, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

STATE OF _____
 COUNTY OF _____
 Notary Public _____
 Commission Expires _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters, a candidate, UNLESS the candidate is the voter's near relative:
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TONYA DENISE LONG
 600 N-MAIN ST
 BLADENBORO, NC 28320

UNA BLADEN COUNTY



Ballot: G001
 TONYA DENISE LONG
 PCT/MTD:P202/P202
 11/08/2018 GENERAL

Muni: 20

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballot should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature

9-28-18

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to the instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed in the presence of the voter and the voter's privacy, unless I assisted the voter in this [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Wendy D Hester	Signature (Required) Sherry P. Hester
Street Address (Required) 371 Sunset Park Rd	Street Address (Required) 9933 N. H. 940-3
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 9/28/2018	Date 9/28/2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

JEANETTE CROMARTIE LUCAS
 17948 NC 87 HWY W
 TAR HEEL, NC 28392

DEM - BLADEN COUNTY



Ballot: G004
 JEANETTE CROMARTIE LUCAS
 PCT/VTD:P60/P60 Muni;
 11/08/2018 - GENERAL

Board Approval Date: _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable) _____

11/3/18
 Date

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Ronald Lucas</i>	Signature (Required) <i>Elizabeth Hinkle</i>
Street Address (Required) 17948 Hwy 87 West	Street Address (Required) 1227 Twisted Hick
City, State and Zip (Required) Tar Heel, N.C.	City, State and Zip (Required) Elizabeth Town, NC 2
Date 11-2-18	Date 11-2-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the V _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (S.S. 6-108)

STATE OF _____

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

DAVID EARL LUDLUM JR
11314 CENTER RD
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
DAVID EARL LUDLUM JR
PCT/VTD:P202/P202
11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public who must complete Option 2 of the Witnesses' Certification

Signature of Voter (Required)

David Earl Ludlum Jr

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to the instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. The Secretary of the ballot and the Voter's privacy, unless I assisted the Voter at his/her (complete Voter Assistant Certification section).

Witness #1

Witness #2

David Earl Ludlum Jr
Signature (Required)

David Earl Ludlum Jr
Signature (Required)

Street Address (Required)

371 Summit Park
Street Address (Required)

City, State and Zip (Required)

10-19-18

Bladenboro NC
City, State and Zip (Required)

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF

COUNTY OF

(Notary Public)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

GELLA KAY LUDLUM
 11314 CENTER RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 GELLA KAY LUDLUM
 PCT/MD: P202/P202
 11/08/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Y
 Sig

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Gella Kay Ludlum</i>	Signature (Required) <i>Wendy D. Hester</i>
Street Address (Required) 11314 Center Road	Street Address (Required) 3715 Sunset Park Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10/18/2018	Date 10/18/2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared _____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).
 NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires On _____

NCSBE v2018.02

Absentee Application and Certificate

Exhibit 4.2.6.2.1-1

449 of 796

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MILDRED B LUDLUM
408 CENTER RD.
ADENBORO, NC 28320

JAY - BLADEN COUNTY

Ballot: GD01
MILDRED B LUDLUM
POTENTIAL P202/P202
11/05/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)
- OR
- ☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Steve D. Ludlum</i>	Signature (Required) <i>Mary J. Adams</i>
Street Address (Required) <i>111 Pecan St.</i>	Street Address (Required) <i>11316 Center Rd.</i>
City, State and Zip (Required) <i>Bladenboro, NC 28320</i>	City, State and Zip (Required) <i>Bladenboro, N.C. 28320</i>
Date <i>10-2-18</i>	Date <i>10-2-18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Second Primary Request or Runoff Request
If a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
If I am continuing or expected illness or disability, I request that a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

NOVAN LUDLUM
ST
PO: NC 28320

DEN COUNTY



Ballot: G001
NOVAN LUDLUM
P202/P202 Muni: 20
8 - GENERAL

Date:

Any Request or Runoff Request

A Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I or expected illness or disability. I request that be a request for absentee ballots for any other held this calendar year in which I am eligible to ck the box to receive eligible ballots.)

applicable)

ation and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

10-2-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Mary J. Adams</i>	Signature (Required) <i>Mildred Ludlum</i>
Street Address (Required) 11316 Center Rd	Street Address (Required) 11406 Center Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-2-18	Date 10-2-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 106-20)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

SHEREESE NICOLE LYNN-CROMARTIE
 2584 LISBON RD.
 COUNCIL NC 28434

UNA - BLADEN COUNTY



Ballot: G002
 SHEREESE NICOLE LYNN-CROMARTIE
 PCT/VD:P75/P75 Muni:
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 2584 Lisbon Rd	Street Address (Required) 123 Church St
City, State and Zip (Required) Council NC 28434	City, State and Zip (Required) Counce, NC
Date 10/18/18	Date 10/18/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification Section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (15.3, §108-9)

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

STOUTS TON MADDEN
WHITE OAK NATIONAL DR
E OAK NC 28389

BLADEN COUNTY

Ballot #000

STOUTS TON MADDEN

STOUTS TON MADDEN

10/15/18

GENERAL

Approval Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me) according to my instructions in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public who is present and witnesses the casting of my absentee ballot (the Notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <u>Chris Hansen</u>	Signature (Required) <u>Alexander W. Schigel</u>
Street Address (Required) <u>715 State Hwy 64</u>	Street Address (Required) <u>6001 Waters Edge Trail</u>
City, State and Zip (Required) <u>Chesapeake VA 23322</u>	City, State and Zip (Required) <u>Bowling, GA 30075</u>
Date <u>10/15/18</u>	Date <u>10/15/18</u>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter: Identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary cannot charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (C.S. § 10B-301)

STATE OF _____
COUNTY OF _____
Notary Public _____
Commission Expiration Date _____

NCSBE V2018.02

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

I certify that: on the _____ day of _____, 20____, _____ personally appeared before me, _____, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked, in presence according to his/her instruction. The Voter signed this Absentee Application and caused it to be signed _____, I am at least 18 years old • I am not disqualified from witnessing and described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certificate)

NOTE: A notary may not charge any fee for this service.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization or who is a campaign manager or treasurer for any candidate or political party.

RIEMARIE MARTIN
NC 318 HWY
BLADENBORO NC 28320

BLADEN COUNTY



Ballot: G001

HERIE MARIE MARTIN
CTV/D:P202/P202
1/06/2018 - GENERAL

Muni:

Approval Date:

Primary Request or Runoff Request

When a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

I Request for Illness/Disability

Continued or expected illness or disability. I request that I be issued an absentee ballot for any other election to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

or Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked, in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Nathan W Richardson
Signature (Required)

Monnie Marie Edwards
Signature (Required)

10127 NC 131 HWY
Street Address (Required)

101 Village St.
Street Address (Required)

Bladenboro NC 28301
City, State and Zip (Required)

Bladenboro, NC 28301
City, State and Zip (Required)

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-20)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization for who is a campaign manager or treasurer for any candidate or political party.

P. MARTIN
URDIE CHURCH RD
EEL NC 28392

BLADEN COUNTY

Ballot: G004

JERRY P MARTIN

CT/VTD: P60/P60

1/06/2018 - GENERAL

Muni:

Provisional

Primary Request or Runoff Request

and that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me led to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

continued or expected illness or disability, I request that I be a request for absentee ballots for any other to be held this calendar year in which I am eligible to be. (Check the box to receive eligible ballots.)

(Voter, if applicable)

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Signature

12/27/18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the 27 day of Oct, 2018, the Voter, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (B.S. § 10B-30)

STATE OF

NC

COUNTY OF

BLADEN

Brenda Wilkins

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

CAROLYN COTTON MATHIS
907 FOX ST
ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
CAROLYN COTTON MATHIS
PCT/VTD: P501/P501 Muni: 50
11/06/2018 - GENERAL

Board Approval Date: _____

☒ Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☒ Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10-13-18
Date

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the *secrecy of the ballot* and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p><i>Arthur Owens</i> Signature (Required)</p> <p>320 Park St. Street Address (Required)</p> <p>Elizabethtown, NC City, State and Zip (Required)</p> <p>28337 Date 10-13-18</p>	<p><i>Debbie Rhee</i> Signature (Required)</p> <p>1205 Quail Street Address (Required)</p> <p>Elizabethtown, NC City, State and Zip (Required)</p> <p>10-13-18 Date</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me; we identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked, presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter. • I respected the *secrecy of the ballot* and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIKI PLESHETTE MATHIS
 8 JOEL ST
 ZABETH TOWN, NC 28337

JA - BLADEN COUNTY

Ballot: G003
 KIKI PLESHETTE MATHIS
 CT/VT: P501/P501 Muni: 50
 1/06/2018 - GENERAL

Approval Date:

Primary Request or Runoff Request
 I request that a Second Primary (or Runoff Election) be called, so that an absentee application and ballot be issued to me, and I am eligible to vote. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I request that I be a request for absentee ballots for any other reason to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

X
 Signature

10/1/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>Kiki Pleschette</i> Signature (Required)	<i>Linda Hume</i> Signature (Required)
108 Lewis Dr Street Address (Required)	1813 Vine St. Street Address (Required)
E. Mathis NC 28337 City, State and Zip (Required)	Zabethtown NC 28337 City, State and Zip (Required)
10/1/18 Date	10-1-2018 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, _____, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. S 109-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

CLARA MCKOY MAULTSBY
305 SWANZY RIDGE WAY #103
ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G005
CLARA MCKOY MAULTSBY
PCTV/D: P502/P502 Munt: 50
11/06/2018 - GENERAL

Board Approval Date:

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I must complete Option 2 of the Witnesses'

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only, according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing. I described in the WARNING on the flap of this envelope. The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/ (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required)</p> <p><i>John Wood</i></p>	<p>Signature (Required)</p> <p><i>DEBORAH MONROE</i></p>
<p>Street Address (Required)</p> <p><i>108 Lewis DR</i></p>	<p>Street Address (Required)</p> <p><i>61 CHIDE HATCH</i></p>
<p>City, State and Zip (Required)</p> <p><i>Elizabeth town NC 28337</i></p>	<p>City, State and Zip (Required)</p> <p><i>Cornelia NC 28</i></p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, personally appeared before me, w identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked presence according to his/her instruction. The Voter signed this *Absentee Application and*, caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certific

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate, or political party.

BY: W. MCALLISTER
GEORGE W. KELLY, RD
RKTON, NC 28433

BLADEN COUNTY



Ballot: G003

BOBBY W. MCALLISTER
PST/ATD/P25/P25

Muni: 25

11/08/2018 - GENERAL

Approval Date:

d Primary Request or Runoff Request

ver that a Second Primary (or Runoff Election) is called, it that an absentee application and ballot be issued to me lited to me. (Check the box to receive eligible ballots.)

I Request for Illness/Disability

continued or expected illness or disability, I request that ilication be a request for absentee ballots for any other s to be held this calendar year in which I am eligible to ate. (Check the box to receive eligible ballots.)

of Voter (if applicable)

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, regis-tered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses'*

Signature

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter:

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
DEBORAH MONROE	John Hatcher
Signature (Required)	Signature (Required)
81 Chide Hatcher Rd	108 Lewis Dr
Street Address (Required)	Street Address (Required)
Court N.C. 28434	Elizabeth Hatcher
City, State and Zip (Required)	City, State and Zip (Required)
10-5-18	10/5/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MCALLISTER
GE W KELLY RD
ON, NC 28433

BLADEN COUNTY



Ballot: G003
LE MCALLISTER
VTD: P25/P25
Muni: 25
2018 - GENERAL

Val-bate

Primary Request or Runoff Request
If a Second Primary (or Runoff Election) is called, I am requesting that an absentee application and ballot be issued to me to vote. (Check this box to receive eligible ballots.)

Request for Illness/Disability
If I am ill or have a disability, I request that I be allowed to request for absentee ballots for any other election held this calendar year in which I am eligible to vote. (Check this box to receive eligible ballots.)

and/or applicable

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

10-5-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
DEBORAH MONROE	Rola Wooten
Signature (Required)	Signature (Required)
31 Chide Hotel Rd	101 Lewis Dr
Street Address (Required)	Street Address (Required)
Council N.C. 28434	Elizabeth Hous NCSB
City, State and Zip (Required)	City, State and Zip (Required)
10-5-18	10/5/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter: Identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 106-307)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RA DENISE MCALLISTER
 GE W KELLY RD
 ON, NC 28433

BLADEN COUNTY

Ballot: G003
 DENISE MCALLISTER
 VTD: P25/P25 Muni: 25
 1/2018 - GENERAL

Primary Request or Runoff Request

At a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

Due to expected illness or disability, I request that I be a request for absentee ballots for any other ballot held this calendar year in which I am eligible to check the box to receive eligible ballots.)

er (if applicable)

application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature _____ Date _____

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>DEBORAH MONROE</i>	Signature (Required) <i>Sandra Lucas</i>
Street Address (Required) <i>91 Clyde Hatch Rd</i>	Street Address (Required) <i>1813 Vine St.</i>
City, State and Zip (Required) <i>Council Bluffs, IA 52825</i>	City, State and Zip (Required) <i>Elk Grove, NC 28837</i>
Date _____	Date <i>10-3-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. S. 1-106-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

LEE MCCLELLAND
GERMILL/BROWN MARSH RD
NC 28433

LADEN COUNTY

Ballot: 1G002
LEE MCCLELLAND
DP502/P502 Munt:
018 - GENERAL

02/24/2018

Primary Request or Runoff Request

I request that a Second Primary (or Runoff Election) be called, at an absentee application and ballot be issued to me to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I request that I be provided with an absentee ballot for any other reason. (Check the box to receive eligible ballots.)

over (if applicable)

application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Signature of Assistant: Lola Webster
Address of Assistant: 108 Lewis DR
Signature of Assistant: x Lola Webster
Date: 10/21/18

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <u>Lola Webster</u>	Signature (Required) <u>Linda Hester</u>
Street Address (Required) <u>108 Lewis DR</u>	Street Address (Required) <u>1813 Vine St.</u>
City, State and Zip (Required) <u>Charlotte NC 28433</u>	City, State and Zip (Required) <u>Charlotte NC 28433</u>
Date <u>10/21/18</u>	Date <u>11-2-18</u>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ON L MCDANIEL
 C 131 HWY
 NERO, NC 28320

BLADEN COUNTY

Ballot: G001

SE LON L MCDANIEL

W/VD:P202/P202

6/2018 GENERAL

Muni:

Ballot Date

Primary Request or Runoff Request

If that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

If I am ill or have a disability, I request that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Force (if applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☒ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the 30th day of SEPTEMBER, 2018, the voter: HUGHSON L. MCDANIEL personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30)

STATE OF

COUNTY OF

North Carolina

BLADEN

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, facility, (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a party or organization, or who is a campaign manager or treasurer for any candidate or political party.

at
al

VIVIAN HORNE MCDANIEL
9343 NC 131 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

Ballot: G001
VIVIAN HORNE MCDANIEL
PCT/VTD:P202/P202
11/06/2018 GENERAL Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☒ a notary public (to complete Option 2 of the Witnesses' Certification)

8

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instructions; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witness

I certify, describe my presence. The Vote the secret (complete)

Signature (R)

Street Address

City, State and

Incomplete

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the 14th day of September, 2018, I personally appeared before me, VIVIAN HORNE MCDANIEL, identified, and in my presence, the Voter marked the enclosed ballot. Because it to be marked in the presence according to his/her instruction. The Voter signed the Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secret ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF NORTH CAROLINA

COUNTY OF BLADEN

Notary Public

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant:

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Michael Eugene McDonald</i>	Signature (Required) <i>Teresa P. McDonald</i>
Street Address (Required) <i>16546 Runway Ford Rd</i>	Street Address (Required) <i>16546 Runway Ford Rd</i>
City, State and Zip (Required) <i>Charlotte NC 28433</i>	City, State and Zip (Required) <i>Charlotte NC 28433</i>
Date <i>11/1/18</i>	Date <i>11/1/18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot; or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

EUGENE McDONALD
 RNEY FORD RD
 ON, NC 28433

SLADEN COUNTY



Ballot: G002
 AEL EUGENE McDONALD
 /TD:P75/P75 Muni:
 2018 - GENERAL

Signature of Voter

Primary Request or Runoff Request

that a Second Primary (or Runoff Election) is called, at an absentee application and ballot be issued to me (to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

lined or expected illness or disability, I request that not be a request for absentee ballots for any other held this calendar year in which I am eligible to (to ask for a request for eligible ballots.)

Signature of Voter
 Application and Ballots should be mailed
 28433

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

- ☐ a notary public (the notary must complete Option 2 of the Witnesses'

Signature of Voter (Required) /

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
Signature (Required) <i>Eugene P. McDonald</i>	Signature (Required) <i>Jason N. McDonald</i>
Street Address (Required) <i>6546 BURNLEY FORD RD</i>	Street Address (Required) <i>6546 BURNLEY FORD RD</i>
City, State and Zip (Required) <i>CLARKTON NC 28433</i>	City, State and Zip (Required) <i>CLARKTON NC 28433</i>
Date <i>11/1/18</i>	Date <i>11/1/18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

Notary Public

Completion/Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

PRIEST MCDONALD
RNEY FORD RD
ON, NC 28433

CLADEN COUNTY

Ballot: G002
ES: PRIEST MCDONALD
VID: P75/P76
3/2018 GENERAL

Vote Date:

Primary Request or Runoff Request

If a Second Primary (or Runoff Election) is called, at an absentee application and ballot be issued to me by mail. (Check the box to receive eligible ballots.)

Request for Illness/Disability

In the event of expected illness or disability, I request that there be a request for absentee ballots for any other election held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

None to be mailed
application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I must complete Option 2 of the Witnesses'

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Michael Eugene Mc Donald</i>	Signature (Required) <i>JASON MCDONALD</i>
Street Address (Required) <i>6546 Burney Ford Road</i>	Street Address (Required) <i>6546 BURNLEY FORD RD</i>
City, State and Zip (Required) <i>Clarkston NC 28433</i>	City, State and Zip (Required) <i>Clarkston NC 28433</i>
Date <i>11/1/18</i>	Date <i>11/1/18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BERNICE TROY MCDOWELL
43 TROY WILLIS DR
COUNCIL NC 28434

DEM - BLADEN COUNTY



Ballot: G002
BERNICE TROY MCDOWELL
PCT/MTD:P75/P75 Muni:
11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

10/22/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Bernice McDowell</i>	Signature (Required) <i>Charles Dr</i>
Street Address (Required) 43 Troy Willis Dr	Street Address (Required) 123 Charles Dr
City, State and Zip (Required) Council NC 28434	City, State and Zip (Required) Cove NC
Date 10/22/18	Date 10/22/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. S. 10B-4)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

KRISTI MCDOWELL
43 TROY WILLIS DR
COUNCIL NC 28434

DEM - BLADEN COUNTY

Ballot: G002
KRISTI MCDOWELL
PCT/MTD:P75/P75
11/06/2018 - GENERAL

Muni:

Board Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required)

Name Correction (if applicable)

10/22/18
Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Wendy</i>	Signature (Required) <i>Beau</i>
Street Address (Required) 43 Charles Dr	Street Address (Required) 43 Troy Willis Dr
City, State and Zip (Required) CounCIL, NC	City, State and Zip (Required) COUNCIL NC
Date 10/22/18	Date 10/22/18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section)

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 16A NC S. 108-36.

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
all voters: a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that organization, or who is a campaign manager or treasurer for any candidate or political party; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political organization, or who is a campaign manager or treasurer for any candidate or political party.

MARGARET ANN MCDOWELL
 320 BROWNS CREEK CHURCH RD
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
 MARGARET ANN MCDOWELL
 PCT/MTD:P501/P501 Muni:
 11/06/2018 - GENERAL

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Lola Wood</i>	Signature (Required) <i>DEBORAH MORRIS</i>
Street Address (Required) <i>108 Shaws Blvd. Town</i>	Street Address (Required) <i>91 Little Hatch</i>
City, State and Zip (Required) <i>Elizabethtown NC 28337</i>	City, State and Zip (Required) <i>Courton NC 2</i>
Date <i>11/12/18</i>	Date <i>11-13-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification)

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROBERT L MCDOWELL
 615 BROWNS CREEK CHURCH RD
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY

Ballot: G004
 ROBERT L MCDOWELL
 PCT/VTD: P501/P501
 11/06/2018 - GENERAL

Muni:

Board Approval Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public who is a duly qualified voter, registered as an affiliate of the political party indicated on this application.

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: Lola Woofen
 Address of Assistant: 12/4/18
 Signature of Assistant: [Signature] Date: 12/4/18

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required): <u>Lola Woofen</u>	Signature (Required): <u>Linda Lewis</u>
Street Address (Required): <u>108 Lewis Dr</u>	Street Address (Required): <u>1813 Vine St.</u>
City, State and Zip (Required): <u>Elizabethtown NC 28337</u>	City, State and Zip (Required): <u>Elizabethtown NC 28337</u>
Date: <u>12/4/18</u>	Date: <u>10-4-20</u>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B)

STATE OF _____
 COUNTY OF _____
 Notary Public: _____
 Commission Expiration Date: _____

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county, or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TONYA DENISE MCDOWELL
1202 DAISY ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
TONYA DENISE MCDOWELL
PCT/VTD: P501/P501 Muni: 50
11/06/2018 - GENERAL

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter; registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Antonia Bullock</i>	Signature (Required) <i>Ellie G. Kelly</i>
Street Address (Required) 3205 Peanut Road Rd	Street Address (Required) 1202 Daisy St
City, State and Zip (Required) Elizabethtown NC	City, State and Zip (Required) 1202 Daisy St
Date 10/24/18	Date 10/24/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the V____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the V____ presence according to his/her instruction • The Voter signed this Absentee Application and Certificate caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section)

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10-10)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

WARREN KENT MCDOWELL
 43 TROY-WILLIS DR
 COUNCIL, NC 28434

DEM - BLADEN COUNTY



Ballot: G002
 WARREN KENT MCDOWELL
 PCT/ID: P75/P75 Muni:
 11/06/2018 - GENERAL

Board Approval Date:

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p><i>Warren Kent McDowell</i> Signature (Required)</p> <p><i>43 Troy Willis Dr</i> Street Address (Required)</p> <p><i>Council, NC</i> City, State and Zip (Required)</p> <p><i>28434</i> Date</p>	<p><i>Warren McDowell</i> Signature (Required)</p> <p><i>43 Troy Willis Dr</i> Street Address (Required)</p> <p><i>Council, NC</i> City, State and Zip (Required)</p> <p><i>11/06/2018</i> Date</p>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate (N.C. § 1-109).

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM THOMAS MCDOWELL SR
 210 DAVID ST
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G005

WILLIAM THOMAS MCDOWELL SR
 PCT/VTD: P502/P502 Munt: 50
 11/06/2018 GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

 Sign

Name Correction (if applicable)

10-30-18

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Gwendolyn Willis
 1400 GIBSON DAIRY RD
 ELIZABETHTOWN, NC
 Name of Assistant Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness 1 <u>Thomas McDowell Jr</u> Signature (Required) <u>210 DAVID ST.</u> Street Address (Required) <u>ELIZABETH TOWN, N.C.</u> City, State and Zip (Required) <u>28337</u>	Witness 2 <u>Edna Laws</u> Signature (Required) <u>810 E 37th St.</u> Street Address (Required) <u>BROOKLYN, N.Y. 112</u> City, State and Zip (Required) <u>11230</u>
<u>10-30-18</u> Date	<u>10-30-18</u> Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the V____ personally appeared before me, was properly identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. 163-106)

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this year.

Signature of Voter (If applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WILBUR DEVON MCDUFFIE
 172 IDA'S LN
 CLARKTON, NC 28433

DEM - BLADEN COUNTY



Ballot: G001

WILBUR DEVON MCDUFFIE

PCT/VTD/P501/P501

Muni:

11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public (the Notary must complete Option 2 of the Witnesses')

SI

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses

(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

DEBORAH MONROE

Deborah Monroe

Signature (Required)

Signature (Required)

11 Clyde Hatcher Rd

11 Clyde Hatcher Rd

Street Address (Required)

Street Address (Required)

Clarkton NC 28433

Clarkton NC 28433

City, State and Zip (Required)

City, State and Zip (Required)

10-16-18

12/16/18

Date

Date

10-16-18

12/16/18

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12/16/18

Absentee Application and Certificate

or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TIME
REC'D BY
BLADEN CO. BD. OF ELECTIONS

NOV 06 2018
RECEIVED

RUTH MCEACHERN
6211 HWY W
TON, NC 28433

BLADEN COUNTY

Ballot: G003
RUTH MCEACHERN

WIDE25/P25

3/20/18 GENERAL

Munt: 25

Printable Date

Primary Request or Runoff Request

ent that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

continued or expected illness or disability, I request that location be a request for absentee ballots for any other to be held this calendar year in which I am eligible to be. (Check the box to receive eligible ballots.)

11/05/18 Clarkton, NC

are application and ballots should be mailed

28433

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered in an affiliate of the political party indicated on this application. The information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

11/5/18

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Ruth Mceachern</i>	Signature (Required) <i>Lowell P. Thompson</i>
Print Address (Required) 1116 Hwy 211 W	Print Address (Required) 292 BTW Rd
City, State and Zip (Required) Clarkton, NC 28433	City, State and Zip (Required) Clarkton, NC 28433
Date 11-5-18	Date 11-6-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter: personally appeared before me; was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. S. 1-103-50)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant
Gloria McMill

Address of Assistant
1431 Baldwin Branch Rd.
Edwards Branch N.C. 28337

Signature of Assistant
Gloria McMill

Date
10-31-18

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Jacqueline Smith</i>	Signature (Required) <i>Shirley Carter</i>
Street Address (Required) 420 McLeod St #13C	Street Address (Required) 620 McLeod St 12 D
City, State and Zip (Required) Elizabeth, NC 28308	City, State and Zip (Required) Elizabeth, NC 28308

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. S. 5-200-37)

STATE OF _____
COUNTY OF _____

Notary Public

Commission Expiration Date: _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certifications:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 03

JAMES PATRICK MCGUINNESS
 306 GOODEN ST
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

TIME
 BLADEN CO



Ballot: G005

JAMES PATRICK MCGUINNESS

PCT/VID: P502/P502

Muni: 50

11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10/1/18
 Date

Name Correction (if applicable) N/A

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 306 GOODEN STREET	Street Address (Required) 306 GOODEN STREET
City, State and Zip (Required) ELIZ. N.C. 28337	City, State and Zip (Required) ELIZ. N.C. 28337
Date 10/1/18	Date 10/1/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. N.C.S. § 1-101

STATE OF

COUNTY OF

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 03 2018

SPATRICK MCGUINNESS II
 3006 GOODEN ST
 BETHTOWN, NC 28337

TIME
 BLADEN CO.

BLADEN COUNTY

Ballot G005
 MES PATRICK MCGUINNESS II

TV/D P502/P502 Muni: 50
 08/20/18 GENERAL

Provalidate

Primary Request or Runoff Request
 I certify that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me, and to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I request that a request for absentee ballots for any other reason be held in abeyance until I am eligible to receive ballots.

3006 GOODEN STREET
 BETHTOWN, NC 28337

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10/1/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

N/A
 Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 3006 GOODEN STREET	Street Address (Required) 3006 GOODEN STREET
City, State and Zip (Required) ELIZABETH, N.C. 28337	City, State and Zip (Required) ELIZABETH, N.C. 28337
Date 10/1/18	Date 10/1/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notary seal to an absentee ballot application or certificate. (N.C. S. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

GCT 03 2018

MARIE MCGUINNESS
306 GARDEN ST
BETH TOWN, NC 28337
BLADEN COUNTY

TIME REC'D
BLADEN CO. BD. OF

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a _____ Option 2 of the Witnesses'

10/1/18
Date

Name Correction (if applicable) *N/A*

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the Voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 306 GARDEN STREET	Street Address (Required) 306 GARDEN STREET
City, State and Zip (Required) ELIZ. N.C. 28337	City, State and Zip (Required) ELIZ. N.C. 28337
Date 10/1/18	Date 10/1/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 106-30)

STATE OF _____

COUNTY OF _____

N/A
Notary Public

SEAL

Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ON JEROME MCINTYRE SR.
 FOX ST.
 ABETHTOWN, NC 28337

BLADEN COUNTY

Ballot: E003
 JEROME MCINTYRE SR.
 C/V/D: P501/P501 Muni: 50
 1/05/2018 GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses')

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Lola Wooten</i>	Signature (Required) <i>Louise Hines</i>
Street Address (Required) <i>108 Lewis Dr</i>	Street Address (Required) <i>1813 Vine St</i>
City, State and Zip (Required) <i>Elizabeth town NC 28337</i>	City, State and Zip (Required) <i>Elizabeth town NC 28337</i>
Date <i>10/1/18</i>	Date <i>10-1-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date: _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELOISE LITTLE MCKEE
 419 ELIZABETHTOWN RD # 8A
 BLADENBORO, NC 28320

DEM - BLADEN COUNTY



Ballot: G001
 ELOISE LITTLE MCKEE
 PCT/VTD: P202/P202 Muni: 20
 11/06/2018 - GENERAL

Board Approval Date: _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of voter requesting _____

10-6-18
 Date

Name Correction (if applicable) _____

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Reona Johnson</i>	Signature (Required) <i>Lincoln MCKEE</i>
Street Address (Required) <i>3156 HWY 211 W</i>	Street Address (Required) <i>419-ELIZABETHTOWN RD E</i>
City, State and Zip (Required) <i>Clarkton, NC 28333</i>	City, State and Zip (Required) <i>BLADENBORO NC 28320</i>
Date <i>10/10/18</i>	Date <i>10-9-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 1-106)

STATE OF _____

COUNTY OF _____

Notary Public _____

Commission Expiration Date _____

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections in _____ (Check the box to receive eligible ballots.)

NE 19 Elizabethtown Rd #8A
Bladenboro NC 28320

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DENNIS MCKIVER JR
188 PEARL LLOYD RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY



Ballot: G004
DENNIS MCKIVER JR
PCT/MD: P35/P35
11/06/2018 - GENERAL

Board Approval Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p>Signature (Required)</p> <p>108 LEWIS DR</p> <p>Street Address (Required)</p> <p>E (Robert) Thomas NC 28397</p> <p>City, State and Zip (Required)</p> <p>10-12-2018</p> <p>Date</p>	<p>Signature (Required)</p> <p>1813 Vine St.</p> <p>Street Address (Required)</p> <p>Elphabeth Thomas NC 28397</p> <p>City, State and Zip (Required)</p> <p>10-12-2018</p> <p>Date</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of a facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JACQUELINE HAIR MCKIVER
42 PEARL LLOYD RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY



Ballot: G004

JACQUELINE HAIR MCKIVER

PCT/VTD: P35/P35

Muni:

11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10-25-18
Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Benedict W. Comarick

Liberty writer

78 Pompio Rd.

1412 Lowbranch Ct

Elizabeth town, NC 28337

Fayetteville, NC 28302

10/25/2018

10/25/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared _____, the _____ identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate* caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 1C-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE V2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JAVON MCKIVER
 658 AVENUE AVE
 WHITE OAK, NC 28399

DEM - BLADEN COUNTY

Ballot: G004
 JAVON MCKIVER
 PCT/VD:P80/P80
 11/06/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

Date

Voter's Request for Assistance (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Mary G. McKiver	Signature (Required) Naetwan McKiver
Street Address (Required) 658 Ave Rd	Street Address (Required) 658 Avenue Rd
City, State and Zip (Required) White Oak N.C. 28399	City, State and Zip (Required) White Oak N.C. 28399
Date 10/6/18	Date 10/6/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was properly identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (S.S. § 1-207)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARJARLETTE MCKIVER
 511 SLINGSBY ST
 ELIZABETHTOWN, NC 28337
 DEM - BLADEN COUNTY

Ballot: G003
 MARJARLETTE MCKIVER
 PCT/VD:P501/P501
 11/06/2018 - GENERAL

Muni: 50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public (the Notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p><i>Lola Wooten</i> Signature (Required)</p> <p><i>108 Lewis Dr</i> Street Address (Required)</p> <p><i>Elizabethtown NC 28337</i> City, State and Zip (Required)</p> <p style="text-align: right;"><i>10/16/18</i> Date</p>	<p><i>Jordan Hume</i> Signature (Required)</p> <p><i>1813 Vine St</i> Street Address (Required)</p> <p><i>Elizabethtown NC 28337</i> City, State and Zip (Required)</p> <p style="text-align: right;"><i>10-16-18</i> Date</p>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 1-109-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

NCSBE v2018.02

Absentee Application and Certificate


Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY ANN MCKIVER
 658 AVENUE AVE
 WHITE OAK, NC 28399

DEM - BLADEN COUNTY


 Ballot: G004
 MARY ANN MCKIVER
 PCT/VTD: P80/P80
 11/06/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

2 of the Witnesses'

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
<i>Lola J. Boster</i> Signature (Required)	<i>Worthy P. E. Day</i> Signature (Required)
<i>105 Lenoir Dr</i> Street Address (Required)	<i>856 White Plains Ch. Rd</i> Street Address (Required)
<i>Bladen Co. NC 28503</i> City, State and Zip (Required)	<i>Clark Co. N.C. 2843</i> City, State and Zip (Required)
<i>11/9/18</i> Date	<i>10/9/18</i> Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (C.S. § 10B-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Thalia Mckoy</i>	Signature (Required) <i>Arthur Owens</i>
Street Address (Required) P.O. Box 2875	Street Address (Required) 320 McKoy St.
City, State and Zip (Required) ELIZABETHTOWN, N.C. 28337	City, State and Zip (Required) ELIZABETHTOWN, N.C. 28337
Date 10-5-18	Date 10-5-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DAISY BLUE MCKOY
 3395 CROMARTIE RD
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004

DAISY BLUE MCKOY

PCT/MTD:P501/P501

11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant:

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>JASON MCKOY</i>	Signature (Required) <i>DEBORAH MCKOY</i>
Street Address (Required) 3395 Cromartie Road	Street Address (Required) 41 Clyde Avenue Rd
City, State and Zip (Required) Elizabethtown N.C. 28337	City, State and Zip (Required) COUNCIL NC 28434
Date 10/11/2018	Date 10-12-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108-3)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate


Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statute:

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HARRY BRNARD MCKOY
 8327 US 701 HWY N
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY

 Ballot: G004
 HARRY BRNARD MCKOY
 PCT/VTD: P40/P40 Muni:
 11/06/2018 - GENERAL

Board Approval Date: _____

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

Option 2 of the Witnesses'

Date: 11-18

Name Correction (if applicable): _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant _____

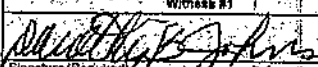
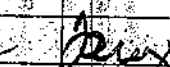
☒ Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is Present)

I certify that: I am at least 18 years old. I am not disqualified by law to witness the casting of my absentee ballot. I am present at the time the Voter signs this Absentee Application and Certificate, or the secrecy of the ballot and the Voter's privacy, unless I am a complete Voter Assistant Certification section).

Witness #1		Witness #2	
Signature (Required)		Signature (Required)	
Street Address (Required)	3340 Wick Ridge Rd	Street Address (Required)	5324
City, State and Zip (Required)	Elizabeth Town, N.C.	City, State and Zip (Required)	Bladen
Date	11/15/18	Date	

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Present)

I certify that: on the _____ day of _____, personally appeared _____, and in my presence, the Voter marked the enclosed ballot, presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified by law to witness the casting of my absentee ballot. I am present at the time the Voter signs this Absentee Application and Certificate, or the secrecy of the ballot and the Voter's privacy, unless I am a complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to any document.

STATE OF _____

COUNTY OF _____

Notary Public _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JASON B MCKOY
 3395 CROMARTIE RD
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004

JASON B MCKOY
 PCT/VTD P601/P601
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. The voter marked the ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Daisy B. McKoy
 3395 Cromartie Rd
 Elizabethtown, NC 28337

Signature (Required)
 3395 Cromartie Rd
 Elizabethtown, NC 28337

City, State and Zip (Required)
 10/14/18
 City, State and Zip (Required)
 10/14/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and adding a notarial seal to an absentee ballot application or certificate.

STATE OF

COUNTY OF

Notary Public

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

PH C MCKOY
OX ST
BETH TOWN, NC 28337

BLADEN COUNTY

Ballot: G003

Munt: 50

JOSEPH C MCKOY
ST/VD: P501/P501
1/05/2018 - GENERAL

Primary Request or Runoff Request
If this is a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me on time. (Check the box to receive eligible ballots.)

Request for Illness/Disability
I am a voter who is ill, injured, or disabled, I request that I be a request for absentee ballots for any other to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Voter (if applicable)

My application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10-1-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) DEBORAH MONROE	Signature (Required) John W. Burt
Street Address (Required) 9141-100 Hargett Rd	Street Address (Required) 108 Lewis Dr
City, State and Zip (Required) Carrboro NC 27513	City, State and Zip (Required) Elizabethton TN 37623
Date 10-1-18	Date 10/1/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

ARGARET LEWIS MCKOY
FOX ST
ABETH TOWN, NC 28337
BLADEN COUNTY

Ballot: C003
ARGARET LEWIS MCKOY
CT/VTD: P501/P501 Muni: 50
1/06/2018 - GENERAL

approval Date: _____

d Primary Request or Runoff Request
vent that a Second Primary (or Runoff Election) is called, it that an absentee application and ballot be issued to me lled to me. (Check the box to receive eligible ballots.)

I Request for Illness/Disability
continued or expected illness or disability, I request that ickling be request for absentee ballots for any other s to hold this category in which I am eligible to at. (Check the box to receive eligible ballots.)

of Voter (if applicable): _____

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, regis-tered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses'

Signature of Voter (Required)

Date

10-1-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>Kola Wooten</i>	<i>Lamb Gunn</i>
Signature (Required)	Signature (Required)
<i>108 Lewis Dr</i>	<i>1813 Vine St</i>
Street Address (Required)	Street Address (Required)
<i>Elizabethtown NC 28337</i>	<i>Elizabethtown NC 28337</i>
City, State and Zip (Required)	City, State and Zip (Required)
<i>10/1/18</i>	<i>10-1-2018</i>
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S.G. 100-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local executive office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JOYCE ANN MCCOY
 26 RED HILL ST
 CLARKTON, NC 28433

DEM - BLADEN COUNTY



Ballot: G002
 JOYCE ANN MCCOY
 PCT/VTD: P75/P75
 11/06/2018 - GENERAL

Muni:

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

10-24-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wanda Monroe 123 Charles Dr
 Name of Assistant Address of Assistant

X Wanda Monroe
 Signature of Assistant

10/24/18
 Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Wanda Monroe Signature (Required) 123 Charles Dr Street Address (Required) Clarkton, NC 28433 City, State and Zip (Required)	Wanda C. Williams Signature (Required) 261 White Plains Ch. R. Street Address (Required) Clarkton, NC 28433 City, State and Zip (Required)
10/24/18 Date	10-24-18 Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter. Unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (13-3-103-30)

STATE OF _____
 COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

LEE HARVEY MCKOY
 6709 NC 41 HWY W
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G001

LEE HARVEY MCKOY
 PCTA/ID: P15/P15
 11/06/2018 - GENERAL

Muni:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>James W. Bassene</i>	Signature (Required) <i>Marvin Lee McKay</i>
Street Address (Required) <i>52 Pomaria Rd</i>	Street Address (Required) <i>317 Center Road</i>
City, State and Zip (Required) <i>Elizabethtown, N.C.</i>	City, State and Zip (Required) <i>Elizabethtown, N.C.</i>
Date <i>10-8-19</i>	Date <i>10-8-19</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. N.C. § 1-101

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires Date _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization; or who is a campaign manager or treasurer for any candidate or political party.

LEE MCKOY
 ENTERED
 BEH TOWN NC 28337

BLADEN COUNTY

Ballot: G001

ARVIN LEE MCKOY

CT/VD: P15/P15

1/06/2018 - GENERAL

Muni:

Approval Date:

I Primary Request or Runoff Request

ent that a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me led to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

onlined or expected illness or disability, I request that I be a request for absentee ballots for any other I held this calendar year in which I am eligible to (Check the box to receive eligible ballots.)

If Voter is applicable

here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>James W. Paine</i>	Signature (Required) <i>James Ray Buey S.R.</i>
Street Address (Required) 52 POMPERD	Street Address (Required) 303 Pecan St Apt 110
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro N.C. 28320
Date 10-1-18	Date 10-1-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state or congressional district court or presiding political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

PEARLIE RIGANS MCKOY
218 BURDEN RD
TARHEEL NC 28392

DEM - BLADEN COUNTY

Ballot: G001
PEARLIE RIGANS MCKOY
PCT/VTD: P15/P15
11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I am requesting assistance to complete Option 2 of the Witnesses' Certification.

10/25/18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p><i>Dola Woods</i> Signature (Required)</p> <p><i>108 Lewis Dr</i> Street Address (Required)</p> <p><i>Elizabethburg NC 28337</i> City, State and Zip (Required)</p> <p><i>10/25/18</i> Date</p>	<p><i>Randy Leach</i> Signature (Required)</p> <p><i>348 Burden Rd</i> Street Address (Required)</p> <p><i>Tar Heel NC 28390</i> City, State and Zip (Required)</p> <p><i>10/25/18</i> Date</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. N.C.S. § 105-3

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate; UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

REGINALD BERNARD MCKOY
 3395 CROMARTIE RD
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
 REGINALD BERNARD MCKOY
 PCT/MTD: P501/P501 Muni:
 11/08/2018 GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the presence of the voter. I am not the voter's near relative. I am not the owner, manager, director, or employee of the facility where the voter is a patient or resident. I am not an individual who holds any federal, State, or local elective office. I am not an individual who holds office in a State, congressional district, county or precinct political party or organization. I am not a campaign manager or treasurer for any candidate or political party. I am not assisting the voter at his/her request to complete the Voter Assistant Certification section.

Witness #1	Witness #2
<p><i>Jason McCray</i> Signature (Required)</p> <p>3395 Cromartie Rd Street Address (Required)</p> <p>Elizabeth Town, NC 28337 City, State and Zip (Required)</p> <p>10/11/18 Date</p>	<p><i>Daisy B. McNeil</i> Signature (Required)</p> <p>3395 Cromartie Rd Street Address (Required)</p> <p>Elizabeth Town, NC 28337 City, State and Zip (Required)</p> <p>10/11/18 Date</p>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, I was identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in my presence according to his/her instruction. The voter signed the Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing the presence of the voter. I am not the voter's near relative. I am not the owner, manager, director, or employee of the facility where the voter is a patient or resident. I am not an individual who holds any federal, State, or local elective office. I am not an individual who holds office in a State, congressional district, county or precinct political party or organization. I am not a campaign manager or treasurer for any candidate or political party. I am not assisting the voter at his/her request to complete the Voter Assistant Certification section.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SELENA L MCKOY
 1209 MARTIN LUTHER KING DR
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003

SELENA L MCKOY
 PCT/MTD: P501/P501 Muni: 50
 11/06/2018 GENERAL

Board Approval Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR

☐ I must complete Option 2 of the Witnesses' Certification

-3-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

DEBORAH MONROE
 Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Lola Watson	Signature (Required) DEBORAH MONROE
Street Address (Required) 108 LEWIS DR	Street Address (Required) 61 Clyde Hatcher
City, State and Zip (Required) Elizabeth NC 28337	City, State and Zip (Required) COUNCIL NC 2843
Date 10/31/18	Date 10-3-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. N.C. § 163-106.

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative; For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THALIA MCKOY
400 BLANKS ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003

THALIA MCKOY

PCT/VID: P501/P501

Muni: 50

11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

☒ Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the presence of the voter. I am not disqualified from witnessing the presence of the voter, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)
Carolyn McKoy

Signature (Required)
Robert De

Street Address (Required)
400 BLANKS ST

Street Address (Required)
320 MCKES ST

City, State and Zip (Required)
ELIZABETHTOWN, N.C.

City, State and Zip (Required)
ELIZABETHTOWN, N.C.

City, State and Zip (Required)
28337

City, State and Zip (Required)
28337

Date 10-5-18

Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the presence of the voter, or caused it to be marked in the Voter's presence according to his/her instructions. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. STATE OF

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARGIE LOUISE MCLAMB
 296 BLADENBORO AIRPORT RD
 BLADENBORO, NC 28320

REP. - BLADEN COUNTY



Ballot: G001
 MARGIE LOUISE MCLAMB
 PCT/VD: P202/P202
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated Voter* voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ball my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
<i>Lisa Britt</i> Signature (Required)	<i>James R. Smith</i> Signature (Required)
303 Pecan St 3F Street Address (Required)	1216 WEBB-FADU, K R Street Address (Required)
Bladenboro NC 28320 City, State and Zip (Required)	Bladenboro, NC 28320 City, State and Zip (Required)
10-8-18 Date	10-8-18 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the V _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the V's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate* caused it to be signed. I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10-10)

STATE OF _____

COUNTY OF _____

Notary Public

Completion Expiration Date

NCSBE-v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MCLAURIN
 NUE AVE
 JAK NC 28399
 BLADEN COUNTY
 Ballot: G004
 S MCLAURIN
 /TD/P80/P80 Muni:
 /2018 - GENERAL
 Ballot Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public of the Witnesses'

12/18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Sandra Guione 1813 Vine St Elizabethton NC 28337
 Name of Assistant Address of Assistant
 X Sandra Guione 10-12-18
 Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Sandra Guione	Signature (Required) John W. Guione
Street Address (Required) 1813 Vine St	Street Address (Required) 1813 Vine St
City, State and Zip (Required) Elizabethton NC 28337	City, State and Zip (Required) Elizabethton NC 28337
Date 10-12-18	Date 12/12/18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 106-30)

STATE OF _____
 COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DORIS LEWIS MCLAURIN
 644 AVENUE AVE
 WHITE OAK NC 28399

DEM - BLADEN COUNTY



Ballot: G004
 DORIS LEWIS MCLAURIN
 PCT/VTD: P80/P80
 11/06/2018 - GENERAL

Muni:

Board Approval Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Jola Wooten *DR E-Town*

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>Jola Wooten</i>	<i>Landra P. Wilson</i>
Signature (Required)	Signature (Required)
<i>1813 Vine St.</i>	<i>1813 Vine St.</i>
Street Address (Required)	Street Address (Required)
<i>Elizabethville NC 28337</i>	<i>Elizabethville NC 28337</i>
City, State and Zip (Required)	City, State and Zip (Required)
<i>11/12/18</i>	<i>10-12-18</i>
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 1A-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

TIAN CHARLES MCLAURIN
 VENUE AVE
 CAKING 28399
 BLADEN COUNTY
 Ballot: G004
 TIAN CHARLES MCLAURIN
 VTD: P80/P80 Munk:
 6/2018 - GENERAL
 Royal Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).
 OR
☐ _____ of the Witnesses'

10/9/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: _____ Address of Assistant: _____

X
 Signature of Assistant: _____ Date: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
1088 AVENUE AVE Street Address (Required)	1088 AVENUE AVE Street Address (Required)
WHITE OAK, NC 28399 City, State and Zip (Required)	WHITE OAK, NC 28399 City, State and Zip (Required)
10/9/18 Date	10/9/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____
 COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, _____ personally appeared before me, was positively identified; and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary *must not charge any fee* for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 102-30)

STATE OF _____

COUNTY OF _____

Notary Public:

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY ANN MCLEAN
 506 BUTLER MILL RD
 BLADENBORO, NC 28320

DEM BLADEN COUNTY



Ballot: G001
 MARY ANN MCLEAN
 PCT/VTD: P202/P202
 11/08/2018 GENERAL

Unit: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

10-30-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Barbara J. H.</i> Signature (Required) <i>Carol Ruth Miller</i> City, State and Zip (Required) Bladenboro, NC 28320	Signature (Required) <i>James M. B.</i> Signature (Required) <i>John W. Whitaker</i> City, State and Zip (Required) Bladenboro, NC 28320
Date 10-30-18	Date 10-30-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was properly identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. 163-17)

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JUDY ANN MCLEOD
 209 W WALNUT ST # 3D
 BLADENBORO, NC 28320
 REP - BLADEN COUNTY

Ballot: G001
 JUDY ANN MCLEOD
 FCTVTD:P202/P202 Munt: 20
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an **Unaffiliated** voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

27-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the ballot and the Voter's signature, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <u>Emory S. Eason</u>	Signature (Required) <u>James R. Eason</u>
Street Address (Required) <u>401 Edwards Ave</u>	Street Address (Required) <u>116 WEBB PARK RD</u>
City, State and Zip (Required) <u>Bladenboro N.C. 28320</u>	City, State and Zip (Required) <u>Bladenboro NC 28320</u>
Date <u>9-27-18</u>	Date <u>9-27-18</u>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was properly identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witness services.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county, or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

NOV 27 2018

TIME _____ REC'D BY _____
BLADEN CO. CLERK OF ELECTIONS

KENNETH LEE MCLAUGHLIN
17 BRISSON RD
BLADENBORO, NC 28320
UNA - BLADEN COUNTY

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Ballot: G001
KENNETH LEE MCLAUGHLIN
PCT/VTD: P15/P15 Muni;
11/06/2018 - GENERAL

Board Approval Date: _____

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable): _____

Address where application and ballots should be mailed: _____

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: _____

Address of Assistant: _____

X

Signature of Assistant: _____

Date: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Anna Rose Brison</i>	Signature (Required) <i>Lynn Brison</i>
Address (Required) <i>147 Brison Rd</i>	Address (Required) <i>147 Brison Rd</i>
City, State and Zip (Required) <i>Bladenboro NC 28320</i>	City, State and Zip (Required) <i>Bladenboro, NC 28320</i>
Date <i>11-24-18</i>	Date <i>11/24/18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JOE LEWIS MCMILLAN
 107 EASY ST
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G005
 JOE LEWIS MCMILLAN
 PCT/ATD:P502/P502
 11/06/2018 - GENERAL

Muni: 50

Board Approval Data

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public who must complete Option 2 of the Witnesses'

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Wanda Monroe</i>	Signature (Required) <i>Shirley Chiray</i>
Street Address (Required) <i>123 Charles Dr</i>	Street Address (Required) <i>820 Montrose Dr</i>
City, State and Zip (Required) <i>Cornett, NC</i>	City, State and Zip (Required) <i>Elizabethtown, NC</i>
Date <i>10/16/18</i>	Date <i>10/16/18</i>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. N.C.S. § 10B-108

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county, or precinct political party or organization or who is a campaign manager or treasurer for any candidate or political party.

ANN MCMORROW
CHICKENFOOT RD
NC 28384

ST. PAULS COUNTY

Ballot: G004
V. ANN MCMORROW

3P60/P60 Munt: -
18 - GENERAL

Date: 10-31-18

Early Request or Runoff Request
If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
Due to expected illness or disability, I request that I be a request for absentee ballots for any other

Chickenfoot RD - St. Pauls
Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public (the Notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>Ann McMorow</i> Signature (Required)	<i>Cynthia McMorow</i> Signature (Required)
7226 Chickenfoot Rd. Street Address (Required)	7226 Chickenfoot Rd. Street Address (Required)
St. Pauls NC 28384 City, State and Zip (Required)	St. Pauls, NC 28384 City, State and Zip (Required)
10-31-18 Date	10-31-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-301)

STATE OF _____
COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

WOODMCMORROW
 CHICKENFOOT RD
 NC 28384
 DEN COUNTY

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I complete Option 2 of the Witnesses' Certification

-31-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Arthur McMorrow</i>	Signature (Required) <i>Diana Townsend</i>
Street Address (Required) 7226 Chickenfoot Rd	Street Address (Required) 7226 Chickenfoot Rd
City, State and Zip (Required) St. Pauls, NC 28384	City, State and Zip (Required) St. Pauls, NC
Date 10-31-2018	Date 10-31-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public:

Commission Expiration Date: _____

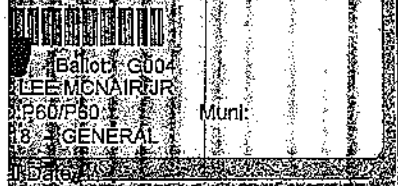
Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEE MCNAIR JR
CHICKENFOOT RD
S, NC 28384
BLADEN COUNTY



Early Request or Runoff Request
If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Test for Illness/Disability
If I am expected to be ill or disabled, I request that I be a request for absentee ballots for any other I held this calendar year in which I am eligible to seek the box to receive eligible ballots.)

Chickenfoot Rd
Bladen Co NC

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☒ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the 15 day of November, 2018, the Voter, Sumner McNaair Jr, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary public may not charge any fee for witnessing and attesting a notarial seal to an absentee ballot application or certificate. (G.S. § 106-307)

STATE OF

COUNTY OF

North Carolina
Robeson
Notary Public
Patsy Schwader 04-02-2024
Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIM L MCNEIL
 620 MCLEOD ST # 12B
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY

Ballot: G002
 KIM L MCNEIL
 PCT/VTD: P502/R502
 11/08/2018 GENERAL

Muni: 50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter, voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10-11-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant:

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Carnell W. Barnwell	Signature (Required) Arthur Owens
Street Address (Required) 312 mehos st	Street Address (Required) 320 mehos st
City, State and Zip (Required) ELIZABETHTOWN, NC 28337	City, State and Zip (Required) ELIZABETHTOWN, NC 28337
Date 10-11-18	Date 10-11-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-3)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote (check the box to receive eligible ballots.)

Signature of Voter (if applicable)

620 MCLEOD ST # 12B
 ELIZABETHTOWN, NC 28337

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KAREN AUTRY MCPHAIL
 195 HICKORY HILL DR
 ELIZABETHTOWN, NC 28337
 DEM - BLADEN COUNTY



Ballot: G004
 KAREN AUTRY MCPHAIL
 ECTVID:P501/P501
 11/05/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

15-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Thomas M. Potts</i>	Signature (Required) <i>Brenda A. Potts</i>
Street Address (Required) 2627 Buffalo Lake Rd	Street Address (Required) 2627 Buffalo Lake Rd
City, State and Zip (Required) SANDFORD NC 27332	City, State and Zip (Required) SANDFORD NC 27332
Date 10-15-2018	Date 10-15-2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not share any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (13-2, § 10)

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, **UNLESS** the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

RY M MCPHAIL
 HICKORY HILL DR
 ABETH TOWN, NC 28337

BLADEN COUNTY

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

Witnesses

10-15-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Brenda B. Potts</i>	Signature (Required) <i>Thomas M. Potts</i>
Street Address (Required) 2627 Buffalo Lake Rd	Street Address (Required) 2627 Buffalo Lake Rd
City, State and Zip (Required) Sawford, N.C. 27332	City, State and Zip (Required) Sawford, N.C. 27332
Date 10-15-18	Date 10-15-2018

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-32)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Ballot: G004
 TERRY M MCPHAIL
 PCT/VTD:P501/P501
 11/08/2018 GENERAL

Muni:

Approval Date:

Primary Request or Runoff Request

I request that a Second Primary (or Runoff Election) be called, that an Absentee Application and ballot be issued to me (Check the box to receive eligible ballots.)

Request for Illness/Disability

I request that I be allowed to vote absentee (or by mail) because of illness or disability. (Request that I be allowed to vote absentee (or by mail) for any other reason. Be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Voter (if applicable)

Where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

WALKER MEGGS
 WALKER MEGGS
 TOWN NC 28337
 DEN COUNTY

Ballot: G004
 WALKER MEGGS
 D:P501/P501
 M18 - GENERAL

Any Request for Runoff Request
 (a Second Primary (or Runoff Election) is called,
 absentee application and ballot be issued to me
 me. (Check the box to receive eligible ballots.)
Request for Runoff Request
 I request that I be eligible to
 be eligible to

Signature of Assistant
 Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the Voter's presence • I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Chintia Allen Myers</i>	Signature (Required) <i>Sharon Brown Myers</i>
Street Address (Required) 2245 THIRD AVENUE	Street Address (Required) 2245 3rd Ave
City, State and Zip (Required) ELIZABETHTOWN, N.C. 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date NOVEMBER 3, 2018	Date 11/03/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>John A. Astry</i>	Signature (Required) <i>Maria Johnson</i>
Street Address (Required) <i>137 Averil Ave</i>	Street Address (Required) <i>8684 Hwy 53W</i>
City, State and Zip (Required) <i>White Oak NC 28399</i>	City, State and Zip (Required) <i>White Oak NC 28399</i>
Date <i>11-5-18</i>	Date <i>11-5-18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and attesting a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

SEAL

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RAYMOND DAVID MELVIN
1281 JOHNSONTOWN RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
RAYMOND DAVID MELVIN
ECT/VID: P40/P40 Muni:
11/06/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 1-203)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 06 2018

ERLENE MELVIN
 RCER MILL RD
 ETTOWN, NC 28337

BLADEN COUNTY

Ballot: G005
 ERLENE MELVIN
 P502/P502 Muni: 50
 18 - GENERAL

Early Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, an Absentee Application and ballot be issued to me. (Check the box to receive eligible ballots.)

Test for Illness/Disability
 If, on expected illness or disability, I request that I be allowed to request absentee ballots for any other election held this calendar year in which I am eligible to vote, check the box to receive eligible ballots.)

(If applicable)
 Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses'*

signature of voter (required):

Name Correction (if applicable):

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant: CATHERINE AUTRY
 Address of Assistant: 11/6/18
 Signature of Assistant: CATHERINE AUTRY
 Date: 11/6/18

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
Signature (Required): <i>Elizabeth Howard</i>	Signature (Required): <i>Valencia Leacock McKoy</i>
Street Address (Required): <i>11-6-18</i>	Street Address (Required): <i>11-6-18</i>
City, State and Zip (Required): <i>11-6-18</i>	City, State and Zip (Required): <i>11-6-18</i>
Date: <i>11-6-18</i>	Date: <i>11-6-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, _____, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. S. 1-102-201)

STATE OF _____
 COUNTY OF _____

Notary Public

Commission Expiration Date: _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHEWANDA MELVIN
1105 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

Ballot: G003
SHEWANDA MELVIN
PCT/VTD P501/P501
11/06/2018 GENERAL

Muni: 50

Board Approval Date

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

1105 QUAIL ST
ELIZABETHTOWN, NC 28337

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I am completing Option 2 of the Witnesses' Certification

6-15-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

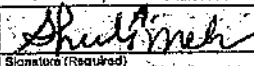
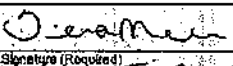
Date

NC SBE 2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
1105 Quail St Street Address (Required)	1105 QUAIL ST Street Address (Required)
Elizabethtown, NC 28337 City, State and Zip (Required)	Elizabethtown, NC 28337 City, State and Zip (Required)
6-15-18 Date	6-15-18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (C.S. § 106)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY ANN MELVIN
 90 PEARL LLOYD RD
 WHITE OAK, NC 28399

DEM BLADEN COUNTY



Ballot: G004

SHIRLEY ANN MELVIN
 PCT/VTD: P35/P35
 11/06/2018 GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

Option 2 of the Witnesses'

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Landra Griggs
 Name of Assistant

Address of Assistant

X Sarah Ham
 Signature of Assistant

10-15-2018
 Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>Landra Griggs</i> Signature (Required)	<i>Landra Griggs</i> Signature (Required)
<i>108 Lewis DR</i> Street Address (Required)	<i>1513 Vine St</i> Street Address (Required)
<i>Eliza Bethdown NC 28857</i> City, State and Zip (Required)	<i>Elizabethton NC 388</i> City, State and Zip (Required)
<i>10/15/18</i> Date	<i>10-15-2018</i> Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S.G. 1-103)

STATE OF _____

COUNTY OF _____

Notary Public:

Commission Expiration Date:

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY ANN MELVIN
1105 QUAIL ST
ELIZABETH TOWN, NC 28337
DEM - BLADEN COUNTY

Ballot: G003
SHIRLEY ANN MELVIN
PCT/VD/P501/P501
11/06/2018 - GENERAL

Munt: 50

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

SHIRLEY ANN MELVIN

Signature of Voter (if applicable)

1105 QUAIL ST

Address where application and ballots should be mailed

ELIZABETH TOWN, NC 28337

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (if applicable)

11/5/18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Shirley Ann Melvin</i>	Signature (Required) <i>Shirley Ann Melvin</i>
Street Address (Required) 1105 Quail Street	Street Address (Required) 1105 Quail Street
City, State and Zip (Required) Elizabeth Town N.C. 28337	City, State and Zip (Required) Elizabeth Town N.C. 28337
Date 10-15-18	Date 10-15-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TERA MONIQUE MELVIN
1105 QUAIL ST
ELIZABETH TOWN, NC 28337

DEM -- BLADEN COUNTY



Ballot: G003
TERA MONIQUE MELVIN
PCT/VTD: P501/P501
11/05/2018 GENERAL

Muni: 50

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Signature of Voter (Required)

10-15-18

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1

Witness #2

Signature (Required)

Signature (Required)

1105 Quail Street

1105 Quail St

Elizabethtown, N.C. 28337

Elizabethtown, NC 28337

City, State and Zip (Required)

City, State and Zip (Required)

10-15-18

Date

10/15/18

Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was properly identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 1-107)

STATE OF

COUNTY OF

Notary Public

Commission Expiration Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

1105 QUAIL ST

Address where application and ballots should be mailed

ELIZABETHTOWN, NC 28337

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and for an individual who holds office in a state or congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer of any candidate or political party.

DIANE HAYES MERRITT
 99 TRIPLE LANE DR
 BLADENBORO, NC 28320

UNA BLADEN COUNTY



Ballot: G001
 DIANE HAYES MERRITT
 PC IV D P202/P202
 11/06/2018 - GENERAL

Munt:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I complete Option 2 of the Witnesses' Certification

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the election described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)
Roger D. Merritt

Signature (Required)
John W. Merritt

Street Address (Required)
 99 Triple Lane Drive

Street Address (Required)
 5A Wex Ave

City, State and Zip (Required)
 Bladenboro, NC 28320

City, State and Zip (Required)
 Bladenboro NC 28320

Date
 10-23-2018

Date
 10/23

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I

personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the election described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. Code § 1-202)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the witness must complete Option 2 of the Witnesses' Certification)

9-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's Instruction and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>James K. Doolittle</i> Street Address (Required) 2746 Twisted Hickory Rd. Eden, N.C. 28337 City, State and Zip (Required)	Signature (Required) <i>James K. Doolittle</i> Street Address (Required) 1556 N. 15th St. Eden, N.C. 28337 City, State and Zip (Required)
Date 10-9-18	Date 10-9-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____
 COUNTY OF _____
 Notary Public _____
 Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

30-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Gail Merritt</i>	Signature (Required) <i>Larry W Johnson</i>
Street Address (Required) 11719 Hwy 701 North Garland	Street Address (Required) 11719 Hwy 701 N
City, State and Zip (Required) Garland 75041	City, State and Zip (Required) Garland 75041
Date Sep 30, 2018	Date Sep 30, 2018

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me; was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds office in a State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or (4) a manager or treasurer for any candidate or political party.

OCT 01 2019

TIME _____ REC'D BY _____
BLADEN CO. SD. COLLECTIONS

REP - BLADEN COUNTY

Ballot Guide

MILDRED ELIZABETH MERRITT
PCT/NTD:P201/P201 - Munt: 20
11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting as a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1 of the Witnesses' Certification**)
- OR**
- ☐ a notary public (the notary must complete **Option 2 of the Witnesses'**

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that:

certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date _____

NCSBE v2018.02

Witnesses' Certification

Option 1: Type (2) Withdrawal

(Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope; The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions; The Voter signed this Absentee Application and Certificate, or caused it to be signed; I protected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request; I complete Voter Assistant Certification section;

• **Whitman #1**

4476249 32

Signature (Required) _____

Signature / Date: _____

Street Address (Required)

Street Address (Feb)

City, State and Zip (Remember)

19th Street NW, Washington, DC 20036-4001, USA
E-mail: shirley@math.umd.edu

Order

9577

Option 2: Notary Public as Witness

~~(Required Unless Two Witnesses Provided)~~

I certify that: on the _____ day of _____, 20____

identified, and in my presence, the Voter marked the enclosed ballot or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter of his/her request for assistance.

NOTE: A notary may not charge any fee for witnessing and attesting a material transfer.

STATE OF

COUNTY OF

Notary Public

Completion Probability Data

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

NOV 7 2018

AMBER LAUREN MILCZAKOWSKI
 3697 OWEN HILL RD
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G001
 AMBER LAUREN MILCZAKOWSKI
 PCT/VTD: P15/P15 Munt:
 11/06/2018 - GENERAL

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required):

24/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required): Thomas L. McArthur 3697 Owen Hill Rd Elizabethtown, NC 28337 City, State and Zip (Required): 10-24-18	Signature (Required): Sally J. McArthur 3697 Owen Hill Rd Elizabethtown, NC 28337 City, State and Zip (Required): 10-24-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the _____ personally appeared before me, _____, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. 51-10)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Signature of Voter (if applicable)

3697 Owen Hill Rd Elizabethtown
 NC 28337

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 05 2018

CHRISTINE MILCZAKOWSKI
WEN HILL RD
ELIZABETH TOWN, NC 28337

BLADEN COUNTY



Ballot: G001
BY CHRISTINE MILCZAKOWSKI
TD-P15/P15 Muni:
2018 - GENERAL

Total Date

Primary Request or Runoff Request

If that a Second Primary (or Runoff Election) is called, let an absentee application and ballot be issued to me d to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I request that a Second Primary (or Runoff Election) be held on the date of my illness or disability. I request that an absentee application and ballot be issued to me d to me. (Check the box to receive eligible ballots.)

Application and Ballot should be mailed
Dated and signed by the voter
DATE: NOV 05 2018

Voter's Certification (Required)

I am applying for an absentee ballot. I am a qualified voter registered as an affiliate of the political party indicated on the attached ballot. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR
☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Thomas M. ...</i>	Signature (Required) <i>Christine Milczakowski</i>
Street Address (Required) 3697 Owen Hill Rd.	Street Address (Required) 3697 Owen Hill Rd.
City, State and Zip (Required) Elizabeth town, NC	City, State and Zip (Required) Elizabeth town, NC
Date 11-02-18	Date 11-02-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 103-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any elected State or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager, treasurer for any candidate or political party.

OCT 27 2018

TIME REC'D BY
 BLADEN CO. DEPT. OF ELECTIONS

SALLY IVEY MILCZAKOWSKI
 3697 OWEN HILL RD
 ELIZABETHTOWN, NC 28337

DEMT - BLADEN COUNTY



Ballot: G001
 SALLY IVEY MILCZAKOWSKI
 PCT/VTD: P15/P15 Muni:
 11/06/2018 - GENERAL

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter, voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

10-24-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Thomas Ray Milczakowski</i>	Signature (Required) <i>Amber Milczakowski</i>
Street Address (Required) 3697 Owen Hill Rd.	Street Address (Required) 3697 Owen Hill Rd.
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date 10-24-18	Date 10/24/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. N.C.S. § 11

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

3697 Owen Hill Rd.

Address where application and ballots should be mailed

Elizabethtown, NC 28337

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 27 2018

THOMAS RAY MILCZAKOWSKI
3697 OWEN HILL RD
ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY



Ballot: G001
THOMAS RAY MILCZAKOWSKI
PCT/VD: P15/P15 Muni:
11/06/2018 - GENERAL

TIME
BLADEN

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature

Date

Name Correction (if applicable)

-23-18

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate* or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Jelly Lucy Milczakowski</i>	Signature (Required) <i>Amber Milczakowski</i>
Street Address (Required) 3697 Owen Hill Rd.	Street Address (Required) 3697 Owen Hill Rd.
City, State and Zip (Required) Elizabethtown, NC	City, State and Zip (Required) Elizabethtown, NC
Date 10-23-18	Date 10/23

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, I was properly identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate* or caused it to be signed. • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. S.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

HORNE MILES
 IN GOURD RD
 NC 28433

ADEN COUNTY



Ballot: G002
 YN HORNE MILES
 /TD: P25/P25
 /2018 - GENERAL

Muni:

Provisional

Primary Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, that an absentee application and ballot be issued to me and to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If I am unable to appear at the polls, I request that I be allowed to request for absentee ballots for any other election held in this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

If Voter is applicable
 here application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE V2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Sarah M. Halay</i>	Signature (Required) <i>Farah Gay A. Miller</i>
Street Address (Required) <i>104 Fayette Ct</i>	Street Address (Required) <i>1771 Zion Church Road</i>
City, State and Zip (Required) <i>Cary, NC 27511</i>	City, State and Zip (Required) <i>Sanford, NC 27380</i>
Date <i>11-2-2018</i>	Date <i>11-2-2018</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization; or who is a campaign manager or treasurer for any candidate or political party.

KEITH MILES
GOURD RD
NC 28733
DEN COUNTY

Ballot: G002
KEITH MILES
P25/P25
GENERAL

Muni:

Signature: [Signature]
Date: [Date]

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature: [Signature] Date: 7-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: Address of Assistant:

X
Signature of Assistant: Date:

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Dandi M. Hardy	Signature (Required) Farah Joy A. Miller
Street Address (Required) 104 E. Pa. Ct.	Street Address (Required) 1751 Zion Church Road
City, State and Zip (Required) Cary, NC 27511	City, State and Zip (Required) Sanford, NC 27330
Date 11-2-2018	Date 11-2-2018

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____
COUNTY OF _____

Notary Public

Commission Expiration Date: _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES H MITCHELL
3371 CROMARTIE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
JAMES H MITCHELL
PCT/VTD: P501/P501
11/06/2018 - GENERAL

Muni:

Date Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (required)

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section]

Witness #1	Witness #2
Signature (Required) <i>Shane Mitchell</i>	Signature (Required) <i>Thoni Mitchell</i>
Street Address (Required) 244 Madam Dr.	Street Address (Required) 3371 Cromartie Rd.
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date 11-13-18	Date 11-13-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-50)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters, a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

ROE
ATCHER RD
NC 28434
DEN COUNTY

Ballot: G002
ONROE
P75/P75 Muni:
18 - GENERAL

Signature

Early Request or Runoff Request:
If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability:
If of expected illness or disability, I request that be a request for absentee ballots for any other held this calendar year. In which I am eligible to check the box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

2-16-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Cassandra Muchner</i>	Signature (Required) <i>Remond</i>
Street Address (Required) <i>81 Monroe Family Circle</i>	Street Address (Required) <i>123 Charles Dr</i>
City, State and Zip (Required) <i>Council NC 28434</i>	City, State and Zip (Required) <i>Council, NC 28434</i>
Date <i>10/16/18</i>	Date <i>10/16/18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANTHONY MONROE
STREAM DR
TOWN NC 28337
LADEN COUNTY



Ballot: G004
ANTHONY MONROE
D/P40/P40 Muni:
118 - GENERAL

Ver Date:

Primary Request or Runoff Request

For a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me or me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

Due to an expected illness or disability, I request that be a request for absentee ballots for any other held this calendar year in which I am eligible to check the box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

- ☐ the Witnesses'

Date

Name Correction (If Applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) DEBORAH MONROE	Signature (Required) Lola White
Street Address (Required) 91 Clyde Hatcher Rd	Street Address (Required) 108 Lewis Dr
City, State and Zip (Required) Council N.C. 28434	City, State and Zip (Required) E. 1296 Hibernia NC 28337
Date	Date 10/9/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 162-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

PAMELA BEATTY MONROE
 88 SAMMY LN
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

Ballot: G001
 PAMELA BEATTY MONROE
 PCT/VTD P501/P501 Munt:
 11/08/2018 - GENERAL

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. • All information represented on this application is correct. • I am entitled to vote in this election. • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public (the witness must complete Option 2 of the Witnesses' Certification)

10/18/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Pamela Beatty Monroe</i>	Signature (Required) <i>Sandra Hume</i>
Street Address (Required) 108 Lewis Dr	Street Address (Required) 1913 Vine St
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date 10/18/18	Date 10-18-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, I was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. Rule 5.1

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of the facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TIMOTHY HOWARD MONROE
 12023 NC 242 HWY S
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 TIMOTHY HOWARD MONROE
 PCT/VTD: P202/P202 Muni:
 11/06/2018 - GENERAL

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot. (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ _____

Signature
 Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from voting described in the WARNING on this flap of this envelope. The Voter marked it in my presence, or caused it to be marked in the Voter's presence according to the Voter's instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from voting described in the WARNING on this flap of this envelope. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Wing D. Eason</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 401 Edwards Ave	Street Address (Required) 500 [Address]
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 11/06/18	Date 11/06/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked, according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from voting described in the WARNING on this flap of this envelope. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge a fee for witnessing and attesting a notarial act to an absentee ballot.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters, a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or (4) a campaign manager or treasurer for any candidate or political party.

OCT 31 2018

TIME REC'D BY

PLADEN GO-58-OF-ELEC

ASTON MONROE SR
 ST
 NC 28392

PLADEN COUNTY



Ballot: G004
 ASTON MONROE SR
 GO/P80 Muni: 60
 GENERAL

Date:

Any Request or Runoff Request
 A Second Primary (or Runoff Election) is called,
 Absentee application and ballot be issued to me
 me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 For expected illness or disability, I request that
 be requested for absentee ballots for any other
 held this calendar year in which I am eligible to
 ask the box to receive eligible ballots.

28392
 28392

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a Notary Public

X
 Signature of Voter (Required) Date 10-30-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

ANN NUNNERY, P.O. Box 34
 Name of Assistant Address of Assistant TAYLOR HEAT NC
 X
 Signature of Assistant Date 10-30-18

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Larry Nunnery	Ann Nunnery
P.O. Box 34	P.O. Box 34
211 Taylor Heat NC	211 Taylor Heat NC
10-30-18	10-30-18
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, _____ personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. S. 6-108-30)

STATE OF _____
 COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ZHANE GABRIELLE MITCHELL
3371 CROMARTIE RD
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004

ZHANE GABRIELLE MITCHELL

PCT/VD-P501/P501

Muni:

11/05/2018 - GENERAL

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly-qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
DEBORAH MONROE	Lulu Weston
Signature (Required)	Signature (Required)
31 Clyde Hatcher Rd	108 Lewis Dr
Street Address (Required)	Street Address (Required)
Council, N.C. 28434	Elizabethtown, N.C. 28337
City, State and Zip (Required)	City, State and Zip (Required)
10-12-18	10-12-18
Date	Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 163-18.1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JARON TRAUAN MONTGOMERY
3095 TWISTED HICKORY RD #10
ELIZABETH TOWN, NC 28337

REP - BLADEN COUNTY



Ballot: G001

JARON TRAUAN MONTGOMERY
PCT/VD/P15/P15 Muni:
11/06/2018 - GENERAL

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

11/6/18
Date

Name Correction (if applicable):

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. This voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>Elizabeth</i> Signature (Required)	<i>Samuel</i> Signature (Required)
<i>101 COWS DR</i> Street Address (Required)	<i>1813 Wain St</i> Street Address (Required)
<i>Elizabeth Town NC 28337</i> City, State and Zip (Required)	<i>Elizabeth NC 28337</i> City, State and Zip (Required)
<i>10/6/18</i> Date	<i>10-16-18</i> Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and attesting a notarial seal to an absentee ballot application or certificate. (N.C.S. § 1-107)

STATE OF _____

COUNTY OF _____

Notary Public:

Commission Expiration:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a manager or treasurer for any candidate or political party.

RECEIVED
OCT 26 2018

CHRISTINE HAYES MOODY
8580 NC 242 HWY N
ELIZABETHTOWN, NC 28337
REP. - BLADEN COUNTY



Ballot: G004
CHRISTINE HAYES MOODY
PCT/VTD:P70/P70
11/06/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me (and mailed to me). (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable):

8580 NC Hwy 242 N
Elizabethtown, NC 28337

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

12/5/18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p><i>HAL W Moody Jr</i> Signature (Required)</p> <p><i>HAL W Moody Jr</i> Street Address (Required)</p> <p>8580 NC Hwy 242 N City, State and Zip (Required)</p> <p>Elizabethtown, NC 10/25/18 Date</p>	<p><i>HAL W Moody Sr</i> Signature (Required)</p> <p><i>HAL W Moody Sr</i> Street Address (Required)</p> <p>8580 NC Hwy 242 N City, State and Zip (Required)</p> <p>Elizabethtown, NC 10/25/18 Date</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, caused it to be signed. I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-108)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEA

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HALE WAYNE MOODY JR
 8580 NC242 HWY N
 ELIZABETH TOWN, NC 28337
 UNA - BLADEN COUNTY



Ballot: G004
 HALE WAYNE MOODY JR
 PCT/VTD: P70/P70
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10/25/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Christine H. Moody	HALE WAYNE MOODY JR
Signature (Required)	Signature (Required)
Christine H. Moody	HALE WAYNE MOODY JR
Street Address (Required)	Street Address (Required)
8580 NC Hwy 242 N	8580 NC Hwy 242 N
City, State and Zip (Required)	City, State and Zip (Required)
Elizabeth Town NC 28337	Elizabeth Town NC 28337
Date	Date
10/25/18	10/25/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, I was personally identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 16 S. 5.

STATE OF

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 26 2018

HAL WAYNE MOODY SR
8580 NC 242 HWY N
ELIZABETH TOWN, NC 28337

TIME _____
BLADEN CO. EID

REP. BLADEN COUNTY



Ballot: G004
HAL WAYNE MOODY SR
PCT/VD: P70/P70
11/06/2018 - GENERAL

Munl:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

8580 NC Hwy 242 N
Elizabethtown, NC 28337

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Hal Wayne Moody Sr</i>	Signature (Required) <i>Christine H. Moody</i>
Street Address (Required) 8580 NC Hwy 242 N	Street Address (Required) 8580 NC Hwy 242 N
City, State and Zip (Required) Elizabethtown, NC 28337	City, State and Zip (Required) Elizabethtown, NC 28337

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for a political party.

RECEIVED

OCT 31 2018

TIME REC'D BY

CO. BD. OF ELECTIONS

Voter's Certification (Required)
I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Witness Signature (Required)</p> <p>381 Agnes Russ Rd</p> <p>Street Address (Required)</p> <p>Cary, NC 28434</p> <p>City, State and Zip (Required)</p> <p>10-30-18</p> <p>Date</p>	<p>Witness Signature (Required)</p> <p>Deloris W. Wilson</p> <p>Street Address (Required)</p> <p>P.O. Box 913</p> <p>Street Address (Required)</p> <p>Roseboro, NC 28466</p> <p>City, State and Zip (Required)</p> <p>10-30-18</p> <p>Date</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 166-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RUDOLPH MOORE JR
200 VILLAGE ST # 9B
BLADENBORO, NC 28320

JNA BLADEN COUNTY

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me, according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

3395

7-17

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

James R. Single

Lisa Britt

Signature (Required)

Signature (Required)

Address (Required)

Address (Required)

216 WEBB FAIR R.D.

303 Rican St 3F

BLADENBORO NC 28320

Bladenboro, NC 28320

City, State and Zip (Required)

City, State and Zip (Required)

19-27-18

9-27-18

Date

Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Vo

identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and attesting a notarial seal to an absentee ballot application or certificate. (22A-5-10)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Ballot: G001
RUDOLPH MOORE JR
PCT/VTB: P202/P202
11/06/2018 GENERAL

Muni: 20

and Approval Date

Second Primary Request or Runoff Request

If the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

If, to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

for all voters: a candidate, UNLESS the candidate is the voter's near relative;
 for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LAQUETTA MOORE
 101 STORE RD
 DD, NC 28456

DEN COUNTY

Ballot: G002
 LAQUETTA MOORE
 P30/P30 Muni:
 (8) GENERAL

Ballot: G002
 LAQUETTA MOORE
 P30/P30 Muni:
 (8) GENERAL

Request for Runoff Request
 A Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me (Check the box to receive eligible ballots.)
Request for Illness/Disability
 Due to expected illness or disability, I request that my absentee application and ballot be issued to me (Check the box to receive eligible ballots.)
 (Check the box to receive eligible ballots.)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

Witnesses'

78
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Jerry Webb	Signature (Required) Missouri Webb
Street Address (Required) 1222 Kennedy Stare Rd	Street Address (Required) 1222 Kennedy Stare Road
City, State and Zip (Required) Riegelwood, NC 28456	City, State and Zip (Required) Riegelwood, NC 28456
Date 10/28/18	Date 10/28/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, I was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-10)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters; a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (it was marked for me according to my instructions) in the following manner:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the completion of an absentee ballot; the witnesses must complete the Option 1 of the Witnesses' Certification section.

☐ a notary public (the notary must complete the Option 2 of the Witnesses' Certification section).

Signature of Voter

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Samuel H. 4/10/2018</i>	Signature (Required) <i>Sharon M. 4/10/2018</i>
Street Address (Required) 10898 S. College Rd. Apt 47A	Street Address (Required) 14915 Shaden Union Church Rd
City, State and Zip (Required) Clarkton, NC 28433	City, State and Zip (Required) Fayetteville, NC 28436
Date 10-29-18	Date 10-29-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL


Commission Expiration Date _____

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MORRIS
LEGE ST # 47-A
NC 28433
EN COUNTY
7

Ballot: G003
MORRIS
5/P25
GENERAL

ary Request or Runoff Request
 a Second Primary (or Runoff Election) is called,
 absentee application and ballot be issued to me
 ne. (Check the box to receive eligible ballots.)

Test for Illness/Disability
If I am or expected illness or disability, I request that
be a request for absentee ballots for any other
held this calendar year in which I am eligible to
tick the box to receive eligible ballots.)

Applicable?			
Yes	No	Not Applicable	

cation and ballots should be mailed

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to the instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

_____ must complete Option 2 of the Witnesses

Name Correction (if applicable)

I certify that: • The voter requested my assistance in assisting the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____

X _____
Signature of Assistant _____ Date _____

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p><i>Johnnie M. [Signature]</i></p> <p>Signature (Required)</p> <p><i>6933 Lexington Union Church Rd</i></p> <p>Street Address (Required)</p> <p><i>Fayetteville NC 28306</i></p> <p>City, State and Zip (Required)</p> <p><i>10-29-88</i></p> <p>Date</p>	<p><i>Dan Clark [Signature]</i></p> <p>Signature (Required)</p> <p><i>69 CARPET GRASS LANE</i></p> <p>Street Address (Required)</p> <p><i>FAYETTEVILLE NC 28306</i></p> <p>City, State and Zip (Required)</p> <p><i>10/29/88</i></p> <p>Date</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter _____ personally appeared before me, I was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-30)

STATE OF _____
COUNTY OF _____

Notary Public Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization; or who is a campaign manager or treasurer for any candidate or political party.

ELMER ETHRIDGE MOTE
 1004 STORMS RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 ELMER ETHRIDGE MOTE
 PCT/VD: P202/P202 Muni:
 11/06/2018 - GENERAL

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

0-18-18
Date

Name Correction (if applicable):

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Linda H Mote</i>	Signature (Required) <i>Matthew T. Pate</i>
Street Address (Required) <i>1004 Storms Rd</i>	Street Address (Required) <i>1087 Calhoun Rd</i>
City, State and Zip (Required) <i>Bladenboro, NC 28320</i>	City, State and Zip (Required) <i>Bladenboro, NC 28320</i>
Date <i>10-18-18</i>	Date <i>10-18-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the V. identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate* caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-18.1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

HUMAN MOTE
RD
NC 28444
ADEN COUNTY

Ballot: G04
HUMAN MOTE
P40/P40
8 - GENERAL
Muni:
Date: 10/31/18

Request for Runoff Request
If a Second Primary (or Runoff Election) is called,
I request that an absentee application and ballot be issued to me.
(Check this box to receive eligible ballots.)

Request for Illness/Disability
If I am ill or have a disability, I request that
I be a request for absentee ballots for any other
held this calendar year in which I am eligible to
check the box to receive eligible ballots.)

(If applicable)
Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Andrea Bull</i>	Signature (Required) <i>Rozie Hilliard</i>
Street Address (Required) 322 Cromwell Rd	Street Address (Required) 8150 Hwy 41
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Elizabethtown
Date 10/31/18	Date 10/31/18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: personally appeared before me; was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HESTER MOTE
 STORMS RD
 ENBORO, NC 28320
 BLADEN COUNTY

Ballot: G001
 HESTER MOTE
 VTD P202/P202
 6/2018 GENERAL

Munt

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ the notary must complete Option 2 of the Witnesses' Certification

10-18-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Rene C Mote</i>	Signature (Required) <i>Mattie T Pelt</i>
Street Address (Required) 1001 STORMS RD.	Street Address (Required) 1087 CADSWELL RD.
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10-18-18	Date 10-18-2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 103-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Primary Request or Runoff Request
 If that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If, due to an expected illness or disability, I request that I be a request for absentee ballots for any other election held this calendar year in which I am eligible to vote (Check the box to receive eligible ballots.)

Other (if applicable)

Application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any office in a local, State, or federal legislative branch; and (3) an individual who holds office in a State, congressional district, county, or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

PATTY LYNN MOTE
10008 NC 41 HWY 1E
HARRELLS, NC 28444

UNA - BLADEN COUNTY



Ballot: G004
PATTY LYNN MOTE
PCT/MTD: P40/P40
11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses')

Patricia Mote Johnson
Name Correction (if applicable)

12-18
Date

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<u>Amber H. Butler</u> <small>Signature (Required)</small> <u>10008 NC Hwy 41E</u> <small>Street Address (Required)</small> <u>Harrells, NC 28444</u> <small>City, State and Zip (Required)</small> <u>10-22-18</u> <small>Date</small>	<u>Patricia Mote Johnson</u> <small>Signature (Required)</small> <u>10008 NC Hwy 41E</u> <small>Street Address (Required)</small> <u>Harrells, NC</u> <small>City, State and Zip (Required)</small> <u>28444</u> <small>Date</small>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 100-20)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that my application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote (absentee ballots.)

Return of Voter (If Applicable)

10008 NC Hwy 41E Harrells, NC
28444
 Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DARLENE MOULTRIE
810 JAMES ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter, voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p><i>Arthur Owens</i> Signature (Required)</p> <p>320 McPhoo St. Street Address (Required)</p> <p>ELIZABETHTOWN, NC City, State and Zip (Required)</p> <p>28337 Date 10-9-18</p>	<p><i>Cornell W. Bonnell</i> Signature (Required)</p> <p>312 McPhoo St. Street Address (Required)</p> <p>ELIZABETHTOWN, NC City, State and Zip (Required)</p> <p>28337 Date 10-9-18</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 1-109-10)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Ballot: G003
DARLENE MOULTRIE
PCT/MD/P501/P501
11/08/2018 - GENERAL

Munt: 50

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Darlene Moultrie

Address where application and ballots should be mailed

ELIZABETHTOWN, NC 28337

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KEITH E MOULTRIE
810 JAMES ST
ELIZABETH TOWN, NC 28337

DEM BLADEN COUNTY



Ballot: G003
KEITH E MOULTRIE
PCT/MTD: P501/P501
11/06/2018 - GENERAL

Munt: 50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

0-9-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot, my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Cornell is Bannister

Arthur Owen

Signature (Required)

Signature (Required)

312 McKee St

320 McKee St

Street Address (Required)

Street Address (Required)

Elizabethtown, N.C. 28337

Elizabethtown, N.C. 28337

City, State and Zip (Required)

City, State and Zip (Required)

Date 10-9-18

Date 10-9-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108-3)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

P.O. Box 1602
Address where application and ballots should be mailed

Elizabethtown, N.C. 28337

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

SWANDA MONIQUE MULLINS
 167 ARMFIELD ST #4
 DUBLIN, NC 28332

REP - BLADEN COUNTY



Ballot: G001

SWANDA MONIQUE MULLINS

PCT/VD: P15/P15

Muni: 15

11/06/2018 GENERAL

to Approval Date

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I request that my application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

Signature of the Witnesses

30/18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not obtain any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-10)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEA

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MUNN
ACADIA RD
PO BOX 28456
MUNN
EN COUNTY



Ballot: G002

MUNN

30/P30

GENERAL

Muni: 30

Date: _____

Voter Request or Runoff Request

Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

or expected illness or disability, I request that I be provided with absentee ballots for any other election in the calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Applicable

Ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

0-31-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Floretta Munn Graham
Name of Assistant

Address of Assistant

X Floretta Munn Graham
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<u>[Signature]</u> Signature (Required)	<u>[Signature]</u> Signature (Required)
<u>11612 East Acadia Rd</u> Street Address (Required)	<u>18 Caracci Dr</u> Street Address (Required)
<u>Pineblowd NC 28472</u> City, State and Zip (Required)	<u>Winterville NC 28472</u> City, State and Zip (Required)
<u>10-31-18</u> Date	<u>10/31/18</u> Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 19 C.S. § 108-30.

STATE OF _____
COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

for all voters; a candidate, UNLESS the candidate is the voter's near relative;
 (1) voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MANDATE MURCHISON
 ERD
 NC 28433

EN COUNTY



Ballot: G002
 MANDATE MURCHISON
 P502/P502 Muni:
 GENERAL

Request or Runoff Request
 Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If I am expected to be ill or disabled, I request that a request for absentee ballots for any other election in this calendar year in which I am eligible to vote be issued to me. (Check the box to receive eligible ballots.)

Signature of Assistant
 Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the 20 day of March, 2018, the voter, Glenda Murchison, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot as required by N.C. General Statute, § 163-187.2.

STATE OF

COUNTY OF

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, **UNLESS** the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BILLY STEVE NANCE
 112 GRACE ST
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY

Ballot: G001
 BILLY STEVE NANCE
 PGT/VTD/P201/P201
 11/08/2018 - GENERAL

Munt: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I complete Option 2 of the Witnesses'

Signature of:

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witnessing the election described in the WARNING on the flap of this envelope; The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed in his/her presence, or the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Wendy D. Heath</i>	Signature (Required) <i>Imma Ring</i>
Street Address (Required) 371 Simul Rank Rd	Street Address (Required) 100 North Main
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 11-1-2018	Date 10-31-2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, I personally appeared before me, _____, identified, and in my presence, the Voter marked the enclosed ballot or caused it to be marked in his/her presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed in his/her presence, or the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary cannot charge any fee for witnessing and signing a ballot and is an absentee ballot notary.

STATE OF _____
 COUNTY OF _____
 Notary Public _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELIZABETH YVONNE NANCE
2850 BURNERY RD
BLADENBORO, NC 28320
REP - BLADEN COUNTY



Ballot: G00
ELIZABETH YVONNE NANCE
PC/VTD: P/D/P/10
11/06/2018 GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

11-1-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Empty Cunn	Wm. Christ
Signature (Required)	Signature (Required)
9605 Kennebec Rd	2850 Burnery Rd
Street Address (Required)	Street Address (Required)
Willow Springs NC 28392	Bladenboro NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
10-6-18	11-1-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 1-103.3)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) a person who holds any federal, State, or local elective office; and (3) any voter who holds office in a State, congressional district, county or precinct political party, or who is a campaign manager or treasurer for any candidate or political party.

OCT 01

OCT 01 2018

OCT 01 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

NICKSON STEPHEN NANCE
 10107 NC 131 HWY
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 NICKSON STEPHEN NANCE
 PCT/VTD: P202/P202 Muni:
 11/06/2018: GENERAL

Board Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of Voter (if applicable)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I kept the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>James R. Langley</i>	Signature (Required) <i>Lisa Britt</i>
Street Address (Required) 216 WEBB FAIR RD	Street Address (Required) 303 Pican St 3F
City, State and Zip (Required) BLADENBORO, NC 28320	City, State and Zip (Required) Bladenboro, NC 2855
Date 9-27-18	Date 9-27-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. 1-214)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

GWENDOLYN LAVERN NEWTON
 8 DAVID ST
 DUBLIN, NC 28332

DEM - BLADEN COUNTY



Ballot: G001
 GWENDOLYN LAVERN NEWTON
 PCT/VD/P15/P15 Munk: 15
 11/06/2018 GENERAL

Board Approval Date

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

1-8018
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) [Signature] Street Address (Required) P.O. Box 752 City, State and Zip (Required) Dublin, NC 28332	Signature (Required) [Signature] Street Address (Required) P.O. Box 752 City, State and Zip (Required) Dublin, NC 28332
Date 10-21-18	Date 10-21-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

9/28/18

Delivered By Voter

LLOYD NORRIS
AGE ST #3-B
BORO NC 28320
BLADEN COUNTY

Ballot G001
FH LLOYD NORRIS
TD P202/P202
2018 GENERAL
Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Lloyd D. Pason	Signature (Required) Kerry Hendon
Street Address (Required) 401 Edwards Ave.	Street Address (Required) 1507 E. Hwy 1 Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Towhee NC 28390
Date 9-27-18	Date 9-27-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 105-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters, a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JUSTIN A NORRIS
 1106 BULLARD ST
 ELIZABETH TOWN, NC 28337

UNA - BLADEN COUNTY



Ballot: G004
 JUSTIN A NORRIS
 PCT/VD:P501/P501
 11/06/2016 - GENERAL

Muni: 50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)



10/16/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the voter's presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I inspected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
 Signature (Required) 1106 BULLARD ST Street Address (Required) Elizabeth Town, NC City, State and Zip (Required) 28337	 Signature (Required) 1106 Bullard St Street Address (Required) Elizabeth Town, N City, State and Zip (Required) 28337

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, _____, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the voter's presence, or caused it to be marked in the voter's presence according to his/her instruction. I inspected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application.

STATE OF _____
 COUNTY OF _____

Notary Public _____ Commission Expires _____

NCSRE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Delivered By Spouse

9/28/18

KES NORRIS
SE ST # 3-B
DRO NC 28320

ADEN COUNTY

Ballot: G001

KES NORRIS

P202/P202

GENERAL

Muni: 20

Date

ary Request or Runoff Request

a Second Primary (or Runoff Election) is called, I absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

est for Illness/Disability

at or expected illness or disability, I request that be a request for absentee ballots for any other held this calendar year in which I am eligible to eck the box to receive eligible ballots.)

(applicable)

ication and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses'

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p>Signature (Required)</p> <p>King S. S. S.</p>	<p>Signature (Required)</p> <p>Kelly Hendrix</p>
<p>Street Address (Required)</p> <p>401 EDWARDS AVE.</p>	<p>Street Address (Required)</p> <p>1568 Tar Heel Rd</p>
<p>City, State and Zip (Required)</p> <p>Dardenboro NC 28320</p>	<p>City, State and Zip (Required)</p> <p>Tar Heel NC 28382</p>
<p>Date</p> <p>9-27-18</p>	<p>Date</p> <p>9/28/18</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-304)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STEWART GLENN NORRIS
 2486 NC 242 HWY S
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
 STEWART GLENN NORRIS
 PCT/MTD:P501/P501
 11/06/2018 - GENERAL

Munt:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required) *[Handwritten Signature]* Signature (Required) *[Handwritten Signature]*

Street Address (Required) 110 N Newton St 14641 Moter Rd

City, State and Zip (Required) E-Town NC 28337

Date 11-5-18 Date 11-5-18

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the V. _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 102-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

PAUL NUCCI
 3 BOYTSBURG RD
 RO, NC 28320

JEN COUNTY

Ballot: G001

PAUL NUCCI

201/201

GENERAL

DATE

Early Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me (me). (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If I am requesting an absentee ballot because of an expected illness or disability, I request that I be a request for absentee ballots for any other held this calendar year in which I am eligible to check the box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence; or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) P.O. Box 662	Street Address (Required) 4455 Old Abbottsbury rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10/8/18	Date 10/3/18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-307)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

ATHEW NUNNERY

INC-28392

ADEN COUNTY

Ballot: G004
 ATHEW NUNNERY
 P60/P60 Muni:
 8 - GENERAL

ii Date

Early Request or Runoff Request
 A Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I am, or expect illness or disability, I request that be a request for absentee ballots for any other held this calendar year in which I am eligible to seek the box to receive eligible ballots.)

Ballot: G004
 ATHEW NUNNERY
 P60/P60 Muni:
 8 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant: Larry Nunnery
 Address of Assistant: PO Box 102

Signature of Assistant: X Larry Nunnery
 Date: 10-20-18

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Philip Kam...</i>	Signature (Required) <i>Karen Knio</i>
Street Address (Required) 1479 Center Road	Street Address (Required) 6361 Appomattox drive
City, State and Zip (Required) Bladenboro NC 28310	City, State and Zip (Required) Wilmington NC 28409
Date 10-20-18	Date 10-20-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 10B-30)

STATE OF _____
 COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

PEGGY MCKEE NYE
 403 WOODLAND DR
 ELIZABETH TOWN, NC 28337

DEM - BRADEN COUNTY



Ballot: G004
 PEGGY MCKEE NYE
 PCT/VTD: P501/P501
 11/06/2018 - GENERAL

Muni: 50

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable):

Address where application and ballots should be mailed:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me) according to my instructions in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable):

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant:

Address of Assistant:

X

Signature of Assistant:

Date:

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required): EDD Nye	Signature (Required): Shannon King
Street Address (Required): PO Box 8	Street Address (Required): 309 N. Hwy 57
City, State and Zip (Required): Elizabeth Town, N.C.	City, State and Zip (Required): Elizabeth Town, NC 28337
Date: 10/19/18	Date: 10/19/18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 100-34)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

SEAL

Fraudulently or Falsely completing this form is a Class 1A:

The following people are PROHIBITED from signing the Witnesses' Certification:

- (1) a candidate, UNLESS the candidate is the voter's near relative;
- (2) an individual who holds any federal, state or local contract with the facility; or
- (3) an individual who holds any federal, state or local employment with the facility.

Certification: I am an owner, manager, director, or employee of that party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHALMERS J PAIT
30 HOLLY BRITT CT
BLADENBORO, NC 28320

FINAL - BLADEN COUNTY

[illegible]

Ballot: G001
CHALMERS J PAIT
PCT/VTD:P202/P202
11/08/2018 - GENERAL

Muniz

ପଦ୍ମାବତୀ ଆମ ଗାଆଁରେ

Second Primary Request or Runoff Request
In the event that a Second Primary

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called,
 I request that an absentee application and ballot be issued to me
 and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)
I am applying for _____

Verification (Required)
I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in the election. If I am an Unaffiliated voter, I am voting in a primary election. I am voting in the party primary indicated on the attached label - If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ a notary public (the notary must complete Option 2 of the Witnesses

Name Correction (if applicable)

Voter Assistant Certification (if applicable)
I certify that: • The voter residing at _____

Assistant Certification (if applicable)
 I certify that: ☐ The voter requested my assistance. ☒ I assisted the voter by marking the ballot only, according to the Voter's instruction; and/or ☒ I assisted the voter in completing the Absentee Application; and ☒ I assisted the voter only in the voter's presence. ☐ I am assistance because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

certify that: I am at least 18 years old; I am not disqualified from voting as described in the WARNING on the flap of this envelope; The voter marked on my presence, or caused it to be marked in the Voters presence, according to the The Voter signed this Absentee Application and Certificate of Privacy, and I do not know the secret of the ballot and the Voters privacy, unless I am a Voter or a complete Voter Assistant Certification section).

Witness #

Jessica Dawless
Signature (Required)
2766 Twisted Hickory Rd.
Street Address (Required)
E-town NC 28337
City, State and Zip (Required)

Signature: [Signature]
Street Address: 2766 West 4th Ave
1713 2nd St

**Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)**

I certify that on the _____ day of _____, 20____, I personally appeared before me, _____, a Notary Public in and for the State of _____, and in my presence, the Voter marked the enclosed ballot or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. I respected the secrecy of this ballot on behalf of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistance certificate).

NOTE: A notary may not charge any fee for this service.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative; **For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public, (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am assisting because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the presence of the voter. • The voter marked the enclosed ballot or caused it to be marked in the voter's presence according to his/her instructions. • The voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the voter and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p><i>Rennie Paul</i></p> <p>Signature (Required)</p> <p>152 Heritage Trail</p> <p>Street Address (Required)</p> <p>Bladenboro NC 28320</p> <p>City, State and Zip (Required)</p>	<p><i>Bruna Paul</i></p> <p>Signature (Required)</p> <p>10258 HWY 411</p> <p>Street Address (Required)</p> <p>Bladenboro NC 28320</p> <p>City, State and Zip (Required)</p>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in the presence of the voter. The voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the voter and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE 2018.02

JACQUELYN DIANNE PAIT
10258 NC 41 HWY W
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
JACQUELYN DIANNE PAIT
PCT/VD:P15/P15
11/08/2018 - GENERAL

Muni:

Board Approval Date:

☐ **Second Primary Request or Runoff Request**
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be tested to me and mailed to me. (Check this box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check this box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party; and (4) an individual who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 15 2018

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

CE SYLVIA PAIT
 0 CENTER RD
 DENBORO NC 28320

P - BLADEN COUNTY



Ballot: G001

CE SYLVIA PAIT

ST/MD: P15/P15

1/06/2018 GENERAL

Unapproved

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

15/2018
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instructions; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy. Unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 584 Pleasant Cr Ch Rd	Street Address (Required) 1370 Center Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-15-18	Date 10-15-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and attesting a potential vote to an absentee ballot application or certificate. (N.C. § 1-202-20)

STATE OF _____

COUNTY OF _____

Notary Public

Complete and Sign Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For all voters: a candidate, UNLESS the candidate is the voter's near relative; **For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or (4) a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 15 2018

TIME _____ REG'D BY _____
CLAYTON BLADEN CO. BD. OF ELECTIONS
CENTER RD.
DENBORO, NC 28320
BLADEN COUNTY
[Barcode]
Ballot: G001
VYCLAYTON PAIT
TV:TD:P15/P15
09/2018 - GENERAL
Munt:
Preval Dates: _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

3-15-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope; The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction; The Voter signed this Absentee Application and Certificate; or caused it to be signed; I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 844 Pleasant St	Street Address (Required) 1376 Center Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-15-18	Date 10-15-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and signing a notarial seal to an absentee ballot application or certificate. N.C. § 105-39.
STATE OF _____
COUNTY OF _____
Notary Public
Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 12 2018

ROSELLA D PAIT
3074 NC 410 HWY
BLADENBORO, NC 28320

UNA - BLADEN COUNTY

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS



Ballot: G001
ROSELLA D PAIT
PCT/VTD: P15/P15
11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public

the Witnesses'

>

Signature of Voter (Required)

10-12-18

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instructions; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Wade Durham Pait</i>	Signature (Required) <i>Wade Durham Pait</i>
Street Address (Required) 3074 NC 410 HWY	Street Address (Required) 3074 NC 410 HWY
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10-12-18	Date 10-12-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared _____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. § 163-5.5-108.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who is an owner, manager, director, or employee of that facility; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 12 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

EDIPAIT
NC 410 HWY
DENBORO, NC 28320
BLADEN COUNTY

WADED PAIT
POTVTD: P15/P15
11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my Instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

10-12-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>Ronella D. Ruit</i>	<i>Judy Dauter</i>
Signature (Required)	Signature (Required)
3074 NC 410 Hwy	684 Paul Pinner
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
10-12-18	10-12-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and signing a notarial act to an absentee ballot application or certificate. N.C. § 1-108.02

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MARANDA MICHELLE PARKER
 136 LUTHER BRISSON RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 MARANDA MICHELLE PARKER
 PCT/VD:P202/P202 Munt:
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

nr

the Witnesses'

Sign

Date

Name Correction (If Applicable)

Voter Assistant Certification (If Applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the Voter's presence. • I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to the instructions. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request. (complete Voter Assistant Certification section)

Witness #1	Witness #2
Signature (Required) James S. Eason	Signature (Required) C. O. K. K. K.
Street Address (Required) 401 Edwards Ave	Street Address (Required) 500 E. Eason Rd
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10-8-18	Date 10-8-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in presence according to his/her instruction. • The voter signed this Absentee Application and Certificate. • I am at least 18 years old. • I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and of the voter, unless I assisted the voter at his/her request. (complete Voter Assistant Certification section)

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF

COUNTY OF

Notary Public

Commission Expires

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

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For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MELISSA ANN PARKER
 2751 NC 410 HWY
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 MELISSA ANN PARKER
 PCT/MTD:P15/P15
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Date 11-27-18

Name Correction (If Applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Jessie R. Smith
 Signature (Required)

Rita Brunt
 Signature (Required)

716 WEBB PARK RD
 Street Address (Required)

303 Pagan St 3F
 Street Address (Required)

BLADENBORO NC 28320
 City, State and Zip (Required)

Bladenboro, NC 28320
 City, State and Zip (Required)

Date 11-27-18

Date 11-27-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section)

NOTE: A notary may not charge any fee for witnessing and adding a notarial seal to an absentee ballot application or certificate. (N.C.S. § 1-202)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires Date

SEAL

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Use to continued or expected illness or disability. I request that my application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Nature of Voter (If applicable)

Times when application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NIGERIA SHAMER PEARSON
310 W GILL ST
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
NIGERIA SHAMER PEARSON
PCT/VTD: P501/P501 Muni: 50
11/08/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter [Signature] Date 11-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____ Address of Assistant _____

☒ Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on this flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <u>[Signature]</u>	Signature (Required) <u>[Signature]</u>
Street Address (Required) <u>1013 Lewis DR</u>	Street Address (Required) <u>1813 Pine St</u>
City, State and Zip (Required) <u>Elizabeth NC 28337</u>	City, State and Zip (Required) <u>Elizabeth NC 28337</u>
Date <u>10-1-2018</u>	Date <u>10-1-2018</u>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on this flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 163-104)

STATE OF _____
COUNTY OF _____
Notary Public _____ Commission Expiration Date _____

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a State congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

LEE DEVANE PEOPLES
 294 WHITE PLAINS CHURCH RD
 CLARKTON, NC 28433

DEM - BLADEN COUNTY

Ballot: G002
 LEE DEVANE PEOPLES
 PCTA/D: P75/P75
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application.
 • All information represented on this application is correct.
 • I am entitled to vote in this election.
 • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label.
 • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

10/24/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Wanda Monroe 123 Charles Dr
 Name of Assistant Address of Assistant

X Wanda Monroe 10/24/18
 Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) 123 Charles Dr	Signature (Required) James C. Williams
Street Address (Required) Clarkton, NC 28434	Street Address (Required) 266 White Plains Ch Rd
City, State and Zip (Required) 10/24/18	City, State and Zip (Required) Clarkton, NC 28435
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respect the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108-36)

STATE OF _____
 COUNTY OF _____
 Notary Public
 Commission Expiration Date _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 06 2018

TIME
BLADEN CO. BA

BURTON PETERSON

ST

TOWN, NC 28337

ADEN COUNTY



Ballot: G003

BURTON PETERSON

P501/P501 Muni: 50

18 - GENERAL

Validate

Primary Request or Runoff Request

hat a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me of me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

ued unexpected illness or disability, I request that be a request for absentee ballots for any other held this calendar year in which I am eligible to ~~mark the box to receive eligible ballots.~~

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. OF ALL INFORMATION represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Patricia Jessup 309 W. Gill St

Name of Assistant Address of Assistant

X P. A. Jessup 11/5/18

Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p>Signature (Required)</p> <p>Daryl Rhodie</p> <p>1103 William St</p> <p>Street Address (Required)</p> <p>Elizabethtown, N.C.</p> <p>City, State and Zip (Required)</p> <p>11/6/18</p> <p>Date</p>	<p>Signature (Required)</p> <p>Ronald Jesse</p> <p>2203 Alta St</p> <p>Street Address (Required)</p> <p>Elizabethtown NC</p> <p>City, State and Zip (Required)</p> <p>11-06-18</p> <p>Date</p>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 10-B, § 108-50.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JUDY BUIE PETERSON
 1011 MOULTRIE LN
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
 JUDY BUIE PETERSON
 PCT/VTD: P501/P501 Muni:
 11/06/2018 - GENERAL

Muni:

Board Approval Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Juanita Freely</i>	Signature (Required) <i>Roseanne Lee</i>
Street Address (Required) 1009 MOULTRIE LN	Street Address (Required) 1009 MOULTRIE LN
City, State and Zip (Required) ELIZABETH TOWN, NC 28337	City, State and Zip (Required) ELIZABETH TOWN, NC 28337
Date 10-4-18	Date 10-4-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respect the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 103-3C]

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ADRAINNE CAROL PETITT
 12849 NC 131 HWY
 BLADENBORO, NC 28320
 DEM - BLADEN COUNTY

Ballot: G001
 ADRAINNE CAROL PETITT
 PCT/VD: P202/P202
 11/05/2018 GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

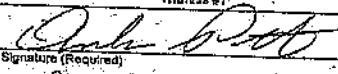
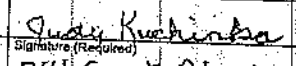
Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required) </p> <p>Street Address (Required) 12849 Hwy 131</p> <p>City, State and Zip (Required) Bladenboro, NC, 28320</p> <p>Date 10/24/18</p>	<p>Signature (Required) </p> <p>Street Address (Required) 714 East Bladen St</p> <p>City, State and Zip (Required) Bladenboro, NC, 28320</p> <p>Date 10-27-18</p>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was properly identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (9-2, g)

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

EDWARD PETIT
CH-13 HWY
BORO, NC 28320
BLADEN COUNTY



Ballot: G001
EW, EDWARD PETIT
TD: P202/P202 Munt:
2018 - GENERAL

to valid Date

Primary Request or Runoff Request
If a Second Primary (or Runoff Election) is called, let an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
If I am expected illness or disability, I request that I be a request for absentee ballots for any other held this calendar year in which I am eligible to

if applicable
131 HWY 131 BLADENBORO, NC
28320
an application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

X
Signature of Voter (Required) 10/23/18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses*
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Edward C. Petit	Signature (Required) Judy Kachinka
Street Address (Required) 12849 HWY 131	Street Address (Required) 714 E. Bladen St.
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10-23-18	Date 10-23-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-94)

STATE OF _____
COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BILLY ALFRED PIERCE
 620 MCLEOD ST # 17B
 ELIZABETH TOWN, NC 28337

UNAFFILIATED COUNTY



Ballot: G002
 BILLY ALFRED PIERCE
 PCT/VTD: P502/P502
 11/06/2018 - GENERAL

Muni: 50

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot. (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

10-16-18

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Wm. Charles Dr.</i>	Signature (Required) <i>Shirley Cherry</i>
Street Address (Required) <i>123 Charles Dr.</i>	Street Address (Required) <i>820 Monticello Ln.</i>
City, State and Zip (Required) <i>Council, NC 28434</i>	City, State and Zip (Required) <i>Elizabethtown N.C.</i>
Date <i>10/16/18</i>	Date <i>10-16-18</i>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affording a notarial seal to an absentee ballot application or certificate. (N.C.S. § 1-106)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

H POE
 IDR
 TOWN, NC 28337
 DEN COUNTY
 Ballot: G002
 EHI POE
 F802/P562
 GENERAL
 Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Sandra Blum</i>	Signature (Required) <i>Lola Webster</i>
Street Address (Required) 1813 Vine St	Street Address (Required) 1011 E. 9th St
City, State and Zip (Required) Charlotte, NC 28337	City, State and Zip (Required) Charlotte, NC 28337
Date 10-29-18	Date 10/29/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 1-28-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

SPIVEY PONE
 WISLICK HICKORY RD
 NCBORO, NC 28320
 BLADEN COUNTY

Ballot: G001
 SIE SPIVEY PONE
 VTD: P10/P10
 3/2018 - GENERAL

Munt:

Signature of Voter

Primary Request or Runoff Request
 as the Second Primary (or Runoff Election) is called, I request an absentee application and ballot be issued to me at the time. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I am an expected illness or disability. I request that I be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

(Voter's Signature)

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X



Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
10 Berea Ct Street Address (Required)	2219 Willow Road Street Address (Required)
Greensboro, NC 27406 City, State and Zip (Required)	Greensboro, NC 27406 City, State and Zip (Required)
10/31/18 Date	10/31/18 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter, _____, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 102-302)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EARLINE K PONE
 10759 S COLLEGE ST #18
 CLARKTON, NC 28433

DEM BLADEN COUNTY



Ballot: G003
 EARLINE K PONE
 PCT/VTD: P25/P25
 11/06/2018 - GENERAL

Muni: 25

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) _____
 Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____
 X
 Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Rola Custer</i>	Signature (Required) <i>Elizabeth Smith</i>
Street Address (Required) <i>108 Lewis Dr</i>	Street Address (Required) <i>10759 S College St</i>
City, State and Zip (Required) <i>Clarkton, N.C. 28433</i>	City, State and Zip (Required) <i>Clarkton, N.C. 28433</i>
Date <i>11/15/18</i>	Date <i>11/15/18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. N.C.S. § 1-10

STATE OF _____
 COUNTY OF _____
 Notary Public _____ Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

FAIRCLOTH POPE
 WEGE ST
 NC 28433
 WEN COUNTY
 Ballot: G003
 FAIRCLOTH POPE
 P25/P25 Munk: 25
 GENERAL
 Date: 1/31/2018

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of Voter (Required)

1/31/2018
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Michael Is Pope	Signature (Required) Gary C. Pope
Street Address (Required) 9754 N. College St.	Street Address (Required) 9606 Mear Mill Rd
City, State and Zip (Required) Clarkston, NC 28433	City, State and Zip (Required) Clarkston, NC 28433
Date 10-31-2018	Date 10/31/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, _____, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 210-20)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

2/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>Sola Wooten</i> Signature (Required)	<i>Land Hunt</i> Signature (Required)
<i>108 Lewis DR</i> Street Address (Required)	<i>1813 Vine St.</i> Street Address (Required)
<i>Elizabeth H. Wooten</i> City, State and Zip (Required)	<i>Elizabeth H. Wooten</i> City, State and Zip (Required)
<i>10-2-18</i> Date	<i>10-2-18</i> Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, _____, the Notary Public, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 70B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED
OCT 24 2018

CATHIE PHILLIPS PRICE
 76 WREXHAM PL
 WHITE LAKE, NC 28337

REP. - BLADEN COUNTY



Ballot: G004
 CATHIE PHILLIPS PRICE
 PCT/VTD: P40/P40
 11/06/2018 - GENERAL

Muni: 40

TIME

OCT 24 2018

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Signature

22-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: - The voter requested my assistance. - I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. - I assisted the Voter only in the Voter's presence. - I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: - I am at least 18 years old. - I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. - The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. - The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. - I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
<i>Mandria Parker</i> Signature (Required)	<i>Harold Parks</i> Signature (Required)
<i>67 Wrexham Pl</i> Street Address (Required)	<i>67 Wrexham Pl</i> Street Address (Required)
<i>White Lake NC 28337</i> City, State and Zip (Required)	<i>White Lake NC 28337</i> City, State and Zip (Required)
<i>10/22/18</i> Date	<i>10-22-18</i> Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (22C § 100-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

☒ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Address where application and ballots should be mailed
 401 B... 28337

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the 'Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are owners or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

OCT 24 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

DANNY RAY PRICE
76 WREXHAM PL
WHITE LAKE, NC 28337

REP - BLADEN COUNTY



Ballot: G004
DANNY RAY PRICE
PGT/ATD/P40/P40
11/06/2018 : GENERAL

Muni: 40

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>Mandina Packer</i>	<i>David Packer</i>
Signature (Required)	Signature (Required)
<i>67 Wrexham Pl</i>	<i>67 Wrexham Pl</i>
Street Address (Required)	Street Address (Required)
<i>White Lake, NC 28337</i>	<i>White Lake, NC 28337</i>
City, State and Zip (Required)	City, State and Zip (Required)
<i>10/22/2018</i>	<i>10/22/2018</i>
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Box 2213 Elizabethtown, NC

Address where application and ballots should be mailed

28337

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county, or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

ER PRIDGEN
MOORES SWAMP RD
JOE NC 28447

BLADEN COUNTY

Ballot: G002

ENER PRIDGEN

ST/VD:P65/P65

10/6/2018 GENERAL

Muni:

providable

Primary/Request or Runoff Request
and that a Second Primary (or Runoff Election) is called,
that an absentee application and ballot be issued to me
ed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
continued or expected illness or disability, I request that
continue a request for absentee ballots for any other
to be held this calendar year in which I am eligible to

MOORES SWAMP RD
see application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Hasan Amin Peterson</i>	Signature (Required) <i>Shelene D. Shams</i>
Street Address (Required) <i>827 Bughwail H Rd</i>	Street Address (Required) <i>1526 Lightward Blvd Rd</i>
City, State and Zip (Required) <i>Kelly NC 28444</i>	City, State and Zip (Required) <i>Kelly NC</i>
Date <i>11-1-18</i>	Date <i>11-1-18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 103-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CLIFTON PRIDGEN
 10759 S COLLEGE ST # 2K
 CLARKTON, NC 28433

DEM : BLADEN COUNTY



Ballot: G003
 CLIFTON PRIDGEN
 PCT/VD: P25/P25
 11/06/2018 GENERAL

Muni: 25

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>DEBORAH MOWAT</i>	Signature (Required) <i>Sarah Klein</i>
Street Address (Required) <i>91 Clyde Hatcher Rd</i>	Street Address (Required) <i>1813 Elm St</i>
City, State and Zip (Required) <i>Carrington NC 28434</i>	City, State and Zip (Required) <i>Elizabeth NC 28608</i>
Date <i>10-2-18</i>	Date <i>10-2-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. N.C.S. § 163-163

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

THOMASINA COVIEGTON PRIDGEN
 10759 S COLLEGE ST #2C
 CLARKTON, NC 28433

DEM - BLADEN COUNTY



Ballot: G003
 THOMASINA COVIEGTON PRIDGEN
 PCT/VD:P25/P25 Munt: 25
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☒ a notary public (the notary must complete Option 2 of the Witnesses'

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the 10 day of October, 2018, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respect the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application and certificate. (G.S. 1-205)

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CARLTON BRUCE PRIEST SR
 10237 TWISTED HICKORY RD
 BLADENBORO, NC 28320

UNA BLADEN COUNTY



Ballot: G001
 CARLTON BRUCE PRIEST SR
 PCT/ATD:P10/P10 Muni:
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1 of the Witnesses' Certification**)
- OR
- ☐ a notary public (the notary must complete **Option 2 of the Witnesses'**

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Teresa McDonald</i> Signature (Required) <i>6546 Buncney Ford Rd</i> Street Address (Required) <i>Clark K-Hill, LLC 28320</i> City, State and Zip (Required) <i>10/23/18</i> Date	Signature (Required) <i>Jason McDaniel</i> Signature (Required) <i>6546 Buncney Ford Rd</i> Street Address (Required) <i>Clark K-Hill, LLC 28320</i> City, State and Zip (Required) <i>10/23/18</i> Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 160-208)

STATE OF _____

COUNTY OF _____

Notary Public

SEA

Commission Expiration Date

Board Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DANIEL LEON-RUSSELL PRIEST III
 307 KEITH AVE
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004
 DANIEL LEON-RUSSELL PRIEST III
 PCT/MTD:P501/P501 Muni: 50
 11/08/2018 - GENERAL

Board Approval Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the Witnesses must complete the Option 1 of the Witnesses' Certification) OR

☐ a notary public (the notary must complete the Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Katherine Elizabeth Priest</i> Street Address (Required) 307 Keith Ave City, State and Zip (Required) Elizabethtown, NC 28337 Date 10/21/2018	Signature (Required) <i>Mary Priest</i> Street Address (Required) 307 Keith Ave City, State and Zip (Required) Elizabethtown, NC 28337 Date 10/21/2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the V____ identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the V____ presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot, application or certificate. (N.C.S. § 163-10)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JEFFERY BRUCE PRIEST
 10237 TWISTED HICKORY RD
 BLADENBORO, NC 28320

UNA BLADEN COUNTY



Ballot: G001
 JEFFERY BRUCE PRIEST
 PGT/VD/P10/P10
 11/06/2018 GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot, my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)
 Tessa McDowell

Signature (Required)
 Jason McDowell

Street Address (Required)
 1541 Burkwood Road
 Charlotte, NC 28403

Street Address (Required)
 1541 Burkwood Road
 Charlotte, NC 28403

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 160-34)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. Code.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, employee, or that party or organization, or who is a campaign manager or treasurer for any candidate or political party;

ES

employee of that party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHELIA RICHARDSON PRIEST
357 LENNON BAY DR
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
SHELIA RICHARDSON PRIEST
PCT/VD: P201/P201 Muni:
11/08/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
Sig.

Name/Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the presence of the voter on the flap of this envelope. The voter marked the enclosed ballot, or caused it to be marked, in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter. I am not disqualified from witnessing the presence of the voter on the flap of this envelope. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

City, State and Zip (Required)

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City, State and Zip (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JA MCLAUGHLIN PURDIE
 OLIVER RD
 ETTOWN, NC 28337

BLADEN COUNTY



Ballot: G002
 EJA MCLAUGHLIN PURDIE
 VAD: P502/P502 Muni:
 5/2018 GENERAL

Print Date

Primary Request or Runoff Request
 I request that a Second Primary (or Runoff Election) be called, that an absentee application and ballot be issued to me and to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I request that, due to illness or disability, I request that a ballot be a request for absentee ballots for any other election to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Name (if applicable)

are application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ I am completing Option 2 of the Witnesses' Certification.

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Brandon Hume</i>	Signature (Required) <i>Lola Woods</i>
Street Address (Required) 1813 Union St	Street Address (Required) 101 Lewis Dr
City, State and Zip (Required) Elkhartown NC 28337	City, State and Zip (Required) Elkhartown NC 28337
Date 10-27-18	Date 10/29/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 103-307)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party; or who is a campaign manager or treasurer for any candidate or political party.

PURDIE
 JOEVEIRD
 EXH TOWN, NC 28337
 BLADEN COUNTY

Ballot: G002
 PURDIE
 D/P502/P502
 18 - GENERAL
 Muni:

Primary Request or Runoff Request
 I request that a Second Primary (or Runoff Election) be called, at an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I request that I be granted a request for absentee ballots for any other year held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR
☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter: Lola Wooten Date: 10/29/18
 Name Correction (if applicable):

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: Lola Wooten Address of Assistant: 108 Lewis DR SE - Town
 Signature of Assistant: Lola Wooten Date: 10/29/18

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <u>Lola Wooten</u>	Signature (Required) <u>Lola Wooten</u>
Street Address (Required) <u>108 Lewis DR</u>	Street Address (Required) <u>1813 Main St</u>
City, State and Zip (Required) <u>Exh Town NC 28337</u>	City, State and Zip (Required) <u>Exh Town NC 28337</u>
Date <u>10/29/18</u>	Date <u>10-29-18</u>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____
 COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the enclosed my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Jim Wiggins</i>	Signature (Required) <i>Brenda Thompson</i>
Street Address (Required) 5105 Weller Oak Dr.	Street Address (Required) 116 Old Liberty Rd
City, State and Zip (Required) Cumberton, NC 28358	City, State and Zip (Required) Bladenboro, NC 28320
Date 10-22-18	Date 10-22-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the _____ personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 7A-104)

STATE OF _____

COUNTY OF _____

Notary Public

SE/

Commission Expiration Date

NCSBE v2018.02

CHARLES TOMMIE OWENS
 134 OLD ABBOTTSBURG RD
 BLADENBORO, NC 28320

DEM - BLADEN COUNTY



Ballot: G001

CHARLES TOMMIE OWENS

PCT/VTD:P10/P10

Muni:

11/06/2018 - GENERAL

Board Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check this box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check this box to receive eligible ballots.)

134 Old Abbottsburg Road
 Bladenboro, N.C. 28320

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an **Unaffiliated** voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature: [Signature]
 Name Correction (if applicable): _____

Date: 12-18

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant: _____

Address of Assistant: _____

Signature of Assistant: X

Date: _____

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am the secretary of the ballot and the Voter's privacy, unless I assisted the Voter at his/her complete Voter Assistant Certification section).

Witness #1	Witness #2
<u>Jim Wiggins</u> Signature (Required)	<u>Brenda Thompson</u> Signature (Required)
<u>5105 Willow Oak Dr.</u> Street Address (Required)	<u>116 Old Abbotts Rd.</u> Street Address (Required)
<u>Lumberton, NC 28358</u> City, State and Zip (Required)	<u>Bladenboro, NC 28320</u> City, State and Zip (Required)
<u>10-22-18</u> Date	<u>10-22-18</u> Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A Notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 1A-1)

STATE OF: _____

COUNTY OF: _____

Notary Public

Commission Expiration Date: _____

JEANETTE S OWENS
 134 OLD ABBOTTSBURG RD
 BLADENBORO, NC 28320

DEM - BLADEN COUNTY



Ballot: G001
 JEANETTE S OWENS
 POT/MDP10/P10
 11/08/2018 GENERAL

Muh:

Board Approval Date: _____

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

134 Old Abbottsburg Rd.
 Bladenboro, NC 28320

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HAW PACKER
BROAD ST
THTOWN, NC 28337

BLADEN COUNTY



Ballot: G004
EE SHAW, PACKER
/MTD P501/P501 Muni: 50
6/20/18 GENERAL

Provisional Date:

Primary Request or Runoff Request
and that a Second Primary (or Runoff Election) is called,
that an absentee application and ballot be issued to me
edit to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
continued or expected illness or disability, I request that
call to be a request for absentee ballots for any other
to be held this calendar year in which I am eligible to
be. (Check the box to receive eligible ballots.)

Voter (if applicable)

are application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, regis-
tered as an affiliate of the political party indicated on this application
• All information represented on this application is correct • I am entitled
to vote in this election • If I am an *Unaffiliated* voter voting in a primary
election, I am voting in the party primary indicated on the attached
label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for
me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not
disqualified by law to witness the casting of my absentee ballot (the
witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses'*

Signature of Voter

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the
Voter by marking the ballot only according to the Voter's instruction;
and/or I assisted the Voter in completing the *Absentee Application and
Certificate* • I assisted the Voter only in the Voter's presence • I am
the Voter's near relative or verifiable legal guardian, or I am providing
assistance because a near relative or legal guardian is unavailable to
assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as
described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in
my presence, or caused it to be marked in the Voter's presence according to his/her instruction •
The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected
the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request
(complete *Voter Assistant Certification* section).

Witness #1	Witness #2
Signature (Required) <i>Thomas K. Lewis</i>	Signature (Required) <i>Janet Ferguson</i>
Street Address (Required) <i>119 Lehigh St.</i>	Street Address (Required) <i>5509 Albemarle Circle</i>
City, State and Zip (Required) <i>White Lake</i>	City, State and Zip (Required) <i>Hope Mills, N.C. 28348</i>
Date <i>11/4/18</i>	Date <i>11/4/18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter
identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's
presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or
caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as
described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy
of the Voter, unless I assisted the Voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate; **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

EULA M PACKER
 200 VILLAGE ST # 11D
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001

EULA M PACKER
 PCT/VTD:P202/P202
 11/06/2018 - GENERAL

Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed, the secrecy of the ballot and the voter's privacy, unless I assisted the voter (at his/her request) to complete the *Voter Assistant Certification* section.

Witness #1	Witness #2
Signature (Required) <i>Lisa Britt</i>	Signature (Required) <i>James R. Webb</i>
Birth Address (Required) 303 Kican St 3F Bladenboro, NC 28320	Birth Address (Required) 1216 WEBB FARM BLADENBORO, NC 28320
City, State and Zip (Required) 9-29-18	City, State and Zip (Required) 9-29-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in his/her presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing my presence, or caused it to be marked in the voter's presence according to his/her instruction.

☐ **Second Primary Request or Runoff Request**
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

☐ **Annual Request for Illness/Disability**
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL CHASE PACKER
 8717 NC 131 HWY
 BLADENBORO NC 28320

REP - BLADEN COUNTY



Ballot: G001
 MICHAEL CHASE PACKER
 PCT/VTD:P15/P15 Muni:
 11/06/2018 - GENERAL

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction, and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am assisting because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 500 Chestnut	Street Address (Required) 401 Edwards Ave
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 11/01/18	Date 11/01/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (9A-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ERT EARL PACKER
NC 131 HWY
JENBORO, NC 28320

BLADEN COUNTY



Ballot: G001
ROBERT EARL PACKER
GT/VTD: P15/P15
1/08/2018 - GENERAL

Mink:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Date

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required) *Walter S. Pearson* Signature (Required) *Walter S. Pearson*
Street Address (Required) *4101 Edwards Ave.* Street Address (Required) *500 Chestnut*
City, State and Zip (Required) *Bladenboro, NC 28320* City, State and Zip (Required) *Bladenboro, NC 28320*
Date *10-10-18* Date *10-10-18*

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and attesting a notarial seal to an absentee ballot application or certificate. (N.C. § 1-105-30)

STATE OF _____

COUNTY OF _____

SEAL

Signature of Voter (if applicable)

Where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BERT EARL PACKER JR
 17 NC 131 HWY
 ADEBORO, NC 28320

IP - BLADEN COUNTY

Ballot: G001
 ROBERT EARL PACKER JR
 PET/MD/P16/P15
 12/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am assisting because a near relative or verifiable legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Simon S. Eason</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) <i>11019 Edwards Ave.</i>	Street Address (Required) <i>500 Chestnut</i>
City, State and Zip (Required) <i>Bladenboro, NC 28320</i>	City, State and Zip (Required) <i>Bladenboro, NC 28320</i>
Date <i>10-10-18</i>	Date <i>10-10-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 163-107)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires Date _____

Second Primary Request or Runoff Request
 In an event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 To continue or expected illness or disability, I request that application be a request for absentee ballots for any other voters to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Where application and ballots should be mailed.

Absentee Application and Certificate

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative, **party or organization, or who is** **prohibited** from signing the **Witnesses' Certification:**

~~party or organization, or who is a campaign manager or treasurer for any candidate or political party.~~

BRIAN KEITH PAIT
10258 NC 41 HWY W
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
BRIAN KEITH PAIT
PCT/YTD: P15/P15
11/08/2018 - GENERAL

Muni:

Board Approval Date: _____

Voter's Certification (Required)
I am applying for an

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter, I am entitled to vote in this election. If I am an Unaffiliated voter, I am voting in a primary election. If the party indicated is (UNA), I am voting a nonpartisan ballot. I further certify that I marked it.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the **Witnesses' Certification**).

OR
the notary public (the notary must complete Option 2 of the Witnesses

Name Correction (if applicable)

29-18
Date

Voter Assistant Certification (If applicable)
I certify that: The voter requested

3. The Certification (if applicable)
 I certify that: ☐ The voter requested my assistance. ☐ I assisted the voter by marking the ballot only according to the Voters' Instruction; ☐ I assisted the voter in completing the Absentee Application; and ☐ the voter's nearest relative or verifiable legal guardian is unavailable because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old; • I am not disqualified from witnessing
described in the WARNING on the flap of this envelope. The Voter marked the envelope
my presence, or caused it to be marked in the Voter's presence according to his or
The Voter signed this Absentee Application and Certificate, or caused it to be signed
the secrecy of the ballot and the Voter's privacy, unless assisted by the Voter's
complete Voter Assistant Certification section.

<p>Witness #1</p> <p><i>Pierre Pail</i></p> <p>Signature (Required)</p> <p><i>152 Heritage Trail</i></p> <p>Street Address (Required)</p> <p><i>Bladenboro, NC 28301</i></p> <p>City, State and Zip (Required)</p> <p><i>10-24-18</i></p>	<p>Witness #2</p> <p><i>Josephine Pail</i></p> <p>Signature (Required)</p> <p><i>10258 Hwy 41 W</i></p> <p>Street Address (Required)</p> <p><i>Bladenboro NC 28301</i></p> <p>City, State and Zip (Required)</p>
---	--

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, _____, a Notary Public in and for the State of _____, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked for him or her, according to his/her instruction. The Voter signed this Absentee Application and caused it to be signed by _____, I am at least 18 years old. I am not disqualified from witnessing the signing of this Absentee Application by the Voter, and I am not disqualified from witnessing the signing of the Voter, unless I assisted the Voter at his/her request. I respected the secrecy of the ballot and the contents of the envelope.

NOTE: A notary may not charge any fee for witnessing the signing of this Absentee Application.

STATE OF _____
COUNTY OF _____

Notary Public

Construction

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RICKLAND PADGETT

SIDR
 NC 28441

DEN COUNTY



Ballot: G004
 STRICKLAND PADGETT
 P45/P45 Muni:
 18 - GENERAL

Date:

Early Request or Runoff Request

If a Second Primary (or Runoff Election) is called, this absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

If I am or expect to be ill or disabled, I request that the absentee application and ballot be issued to me for any other election held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Signature of Voter: *Dr. Rickland Padgett*
 Date: 11/28/18
 Ballot and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant Address of Assistant

X
 Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>Victoria Parrott McKoy</i>
Street Address (Required) <i>305</i>	Street Address (Required) <i>RDE</i>
City, State and Zip (Required) <i>10-31-18</i>	City, State and Zip (Required) <i>10-31-18</i>
Date	Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not space any line for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 103-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

GARY CLARENCE REED
16897 NC 53 HWY W
FAYETTEVILLE, NC 28312

DEM - BLADEN COUNTY



Ballot: G004
GARY CLARENCE REED
PCT/VTD P80/P80
11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of Voter (Required)

10-23-18
Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Maisha Jacobs

Pam Padden

Signature (Required)

Signature (Required)

6400 Faircloth Budget Rd

4195 Home Street Rd

Street Address (Required)

Street Address (Required)

Stedman, N.C. 28391

Roseboro, NC 28382

City, State and Zip (Required)

City, State and Zip (Required)

10/23/18

10/23/18

Date

Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. N.C.S. § 10A-1.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEA

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JOHN HENRY RHODIE
 4141 NC 242 HWY S
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
 JOHN HENRY RHODIE
 PCT/VD P501/P501
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date 10-22-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

City, State and Zip (Required)

City, State and Zip (Required)

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NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RICE
BRITTON
RD, NC 28320

DEN COUNTY

Ballot G001

VERICE
P202/P202

811 GENERAL

Mail Date

Primary Request or Runoff Request
If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

Request for Illness/Disability
If I am expected illness or disability, I request that I be a request for absentee ballots for any other year held this calendar year in which I am eligible to a eligible ballots.)

Bladenboro NC
28320

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) *10-11-18*
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant Address of Assistant

X
Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>Tara Jones</i>	<i>Jennifer Walters</i>
Signature (Required)	Signature (Required)
<i>Tara Jones</i>	<i>Jennifer Walters</i>
Street Address (Required)	Street Address (Required)
<i>107 Todd Beith</i>	<i>100 Oliver Lane</i>
City, State and Zip (Required)	City, State and Zip (Required)
<i>Bladenboro NC 28320</i>	<i>Lumberton NC 28358</i>
Date	Date
<i>10-11-18</i>	<i>10-11-18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the 11 day of October, 2018, the voter, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-30)

STATE OF _____
COUNTY OF _____
Notary Public: _____
Commission Expiration Date: _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ Two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I, the voter, must complete Option 2 of the Witnesses'

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete *Voter Assistant Certification* section).

Witness #1	Witness #2
Signature (Required) <i>Sylvia S. Madden</i>	Signature (Required) <i>William J. Rice</i>
Street Address (Required) 278 Willard Tatum Rd.	Street Address (Required) 278 Willard Tatum Rd.
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date 11-1-18	Date 11-1-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete *Voter Assistant Certification* section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) a person who holds any local, state, or federal office; or (3) a paid or unpaid volunteer, officer, director, or board member of that facility;
For voters who are members of a political party: a campaign manager or treasurer for any candidate or political party.

LINDA ROUSE RICH
 422 SASHEST
 BLADENBORO, NC 28320
 UNA - BLADEN COUNTY



Ballot: G001
 LINDA ROUSE RICH
 PCT/VTD/P201/P201
 11/08/2018 - GENERAL

Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the enclosed my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate (or caused it to be signed) in the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____,

personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in presence according to his/her instruction. The voter signed this Absentee Application and Certificate in the presence of me, I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

NC8BE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

AVON RICHARDSON
16 MCEWEN RD
CLARKTON, NC 28433-31
CLARKTON
CLARKTON COUNTY

Ballot ID: 001
AVON RICHARDSON
DIP10P10 Muni:
118 GENERAL

Primary Request or Runoff Request
If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me on time. (Check the box to receive eligible ballots.)

Request for Illness or Disability
If I am unable to appear in person because of illness or disability, I request that I be a request for absentee ballots for any other election in this calendar year in which I am eligible to vote.

Signature of Voter: *Avon Richardson*
Signature of Assistant: *Clarkton NC*
Application and ballots should be mailed to: *28433*

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter: *Avon Richardson* Date: *11-5-18*

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant: Address of Assistant:

Signature of Assistant: *X* Date:

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required): <i>Avon Richardson</i>	Signature (Required): <i>Clarkton P Richardson II</i>
Street Address (Required): <i>168 White/McEwen Rd</i>	Street Address (Required): <i>168 White McEwen Rd</i>
City, State and Zip (Required): <i>Clarkton NC 28433</i>	City, State and Zip (Required): <i>Clarkton NC 28433</i>
Date: <i>11-5-2018</i>	Date: <i>11/5/2018</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, _____ personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters, a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

FREDERICK LEON RICHARDSON
 COUNCIL AND RICHARDSON DR
 SHEELING 28392

BLADEN COUNTY

Ballot G004
 FREDERICK LEON RICHARDSON
 C-1716-P80/P80 Muni:
 11/03/2018 GENERAL

Primary Request or Runoff Request

When a Second Primary (or Runoff Election) is called, it is an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

Continued or expected illness or disability, I request that election be directed for absentee ballots for any other election held in the calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

or Voter (if applicable)

where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) DEBORAH MOORE	Signature (Required) Shirley Richardson
Street Address (Required) 51 Clyde Hoke Rd	Street Address (Required) Council - Richardson
City, State and Zip (Required) Council NC 28434	City, State and Zip (Required) Tar Heel N.C. 28392
Date 10-10-18	Date 10-10-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-33)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RICK MONTRELL RICHARDSON
 JONILAND RICHARDSON DR
 EL NC 28392

BLADEN COUNTY

Ballot: G004
 RICK MONTRELL RICHARDSON
 VTD P60/P60 Muhl:
 2018 GENERAL

OVER DATE

Primary Request or Runoff Request

If a Second Primary (or Runoff Election) is called, it is an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

I am ill or expected illness or disability. I request that I be a request for absentee ballots for any other be held this calendar year in which I am eligible to (Check the box to receive eligible ballots.)

(If applicable)

application and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) DEBORAH MONTRE	Signature (Required) Shirley Richardson
Street Address (Required) 81 Clyde Hatcher Rd	Street Address (Required) 2150 Laurel - Richardson Dr
City, State and Zip (Required) COUNCIL NC 28434	City, State and Zip (Required) Jarr Hee / N.C. 28392
Date	Date
	10-10-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 16A-30]

STATE OF _____

COUNTY OF _____

Notary Public

SEAL
 Completion/Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NATHAN WENDELL RICHARDSON

10127 NC 131 HWY

BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001

NATHAN WENDELL RICHARDSON

PCT/VTD: P202/P202

Muni:

11/06/2018 - GENERAL

Board Approval Date:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public who must complete Option 2 of the Witnesses'

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

☒

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the process described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 318 W Main St	Street Address (Required) 10127 NC 131 Hwy
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. S. 1-102)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SABRINA LLOYD RICHARDSON
 8110 NC 53 HWY W
 WHITE OAK, NC 28399

DEM BLADEN COUNTY



Ballot: G004
 SABRINA LLOYD RICHARDSON
 PCT/VTD: P80/P80 Muni:
 11/08/2018 GENERAL

Board Approval Date:

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature

11-15-2018
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>DEBARAH MONROE</i>	Signature (Required) <i>Sandra Guinn</i>
Street Address (Required) <i>8101 Hatcher Rd</i>	Street Address (Required) <i>1813 Wain St.</i>
City, State and Zip (Required) <i>COUNCIL NC 28434</i>	City, State and Zip (Required) <i>Elizabethtown NC 28620</i>
Date <i>10-15-18</i>	Date <i>10-15-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-31)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHIRLEY REGINA RICHARDSON
 210 COUNCIL AND RICHARDSON DR
 TARIHEEL, NC 28392

DEM - BLADEN COUNTY



Ballot: G004
 SHIRLEY REGINA RICHARDSON
 PCT/VD: P60/P60 Muni:
 11/08/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p><i>Lola Watson</i> Signature (Required)</p> <p>108 Lewis Dr Street Address (Required)</p> <p>Elizabethtown NC 28337 City, State and Zip (Required)</p> <p>10/10/18 Date</p>	<p><i>Landon Lewis</i> Signature (Required)</p> <p>1813 Pine St Street Address (Required)</p> <p>Elizabethtown NC 28337 City, State and Zip (Required)</p> <p>10-10-18 Date</p>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 103-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEA

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RIGGINS
 ER MILL RD
 BROWN, NC 28337
 ADEN COUNTY

Ballot G005
 RIGGINS
 P502/P502
 Muni: 80
 GENERAL

Early Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If, due to illness or disability, I request that I be a request for absentee ballots for any other calendar year in which I am eligible to vote, check the box to receive eligible ballots.

(If applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete the Notary Public as Witness section)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy; unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>James Withrow</i>	Signature (Required) <i>Cynthia Campbell</i>
Street Address (Required) 506 Powell Street	Street Address (Required) 506 Pinkney St
City, State and Zip (Required) Elizabeth City NC 28337	City, State and Zip (Required) Elizabeth City NC 28337
Date 11-5-18	Date 11-5-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. 5-109-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and; (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HEW TERRELL RIPLEY
WHITE PLAINS CHURCH RD
KATON, NC 28433

BLADEN COUNTY



Ballot: G002
THEW TERRELL RIPLEY
T/V/D: P75/P75
06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I complete Option 2 of the Witnesses'

01/26/2018
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Ignacio C. Wilton</i>	Signature (Required) <i>Memor</i>
Street Address (Required) 261 White Plains Ch Rd	Street Address (Required) 123 Charles Dr
City, State and Zip (Required) Clarkston, NC 28433	City, State and Zip (Required) Clarkston, NC 28433
Date 10-26-18	Date 10/26/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

DEWAYNE ROBINSON

AGE 51

BORO NC 28320

BLADEN COUNTY



Ballot: G001

DEWAYNE ROBINSON

ID: P202/P202

Muni: 20

018 - GENERAL

Valid Date

Primary Request or Runoff Request

If that a Second Primary (or Runoff Election) is called, for an absentee application and ballot be issued to me 1 to 10 times (Check the box to receive eligible ballots.)

Request for Illness/Disability

Due to an expected illness or disability, I request that after being request for absentee ballots for any other 3rd held this calendar year, in which I am eligible to (Check the box to receive eligible ballots.)

Other (If applicable)

If application and ballots should be mailed,

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ I am a witness.

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-20)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:
For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIMBERLY SUE ROBINSON
 303 PECAN ST # 6B
 BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
 KIMBERLY SUE ROBINSON
 PCT/VTD: P202/P202
 11/06/2018 - GENERAL

Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
 OR
☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Wm S. Eason</i>	Signature (Required) <i>Angie K. Eason</i>
Print Address (Required) 401 Edwards Ave	Print Address (Required) 500 Chestnut
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro NC
Date 10-8-18	Date 28-10-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 16 S. § 106-10.

STATE OF

Second Primary Request or Runoff Request

If, in the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

UNCLE ROBINSON,
 EL FERRY RD
 NC 28399
 JEN COUNTY

Ballot: 000
 JUNCIE ROBINSON
 07/80 Muni
 GENERAL

Date: _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Sandra G. Davis 1813 Vein St Elpheth NC 28337
 Name of Assistant Address of Assistant

X Sandra Davis
 Signature of Assistant

11-1-18
 Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
1813 Vein St Street Address (Required)	1813 Vein St Street Address (Required)
Elpheth NC 28337 City, State and Zip (Required)	Elpheth NC 28337 City, State and Zip (Required)
11/1/18 Date	11-1-18 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, _____, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANGELINE GAIL ROGERS
511 MARTIN LUTHER KING DR
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G003
ANGELINE GAIL ROGERS
PCTA/VD-P501/P501
11/06/2016 GENERAL

Muni: 50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification);
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

DEBORAH MONROE

Lela Notten

Signature (Required)

Signature (Required)

61 Clyde Natchez

108 Lewis DR

Street Address (Required)

Street Address (Required)

Council NC 28134

Elizabethtown NC 28337

City, State and Zip (Required)

City, State and Zip (Required)

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was properly identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. 1-201]

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROGERS
 3 MILD BROWN MARSH RD
 NC 28433

LEN COUNTY



Ballot: G002

ROGERS

B502/P502

GENERAL

Date: _____

Requestor, Runoff Request

A Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Requestor, Illness/Disability

I or expected illness or disability, I request that I be requested for absentee ballots for any other election held this calendar year in which I am eligible to check the box to receive eligible ballots.)

Applicable

Added and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public who must complete Option 2 of the Witnesses'

Signature of Voter (Required)

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Rela Weston</i>	Signature (Required) <i>Sandi Hearn</i>
Street Address (Required) 108 Lewis DR	Street Address (Required) 1813 Yarn St
City, State and Zip (Required) Elizabeth NC 28337	City, State and Zip (Required) Elizabeth NC 28337
Date 11/1/18	Date 11-1-2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 108-30]

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date: _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

on voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ON ROGERS
 ST
 TOWN NC 28337
 ADEN COUNTY
 Ballot # 6003
 ON ROGERS
 P501/P501
 187 GENERAL
 Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter; registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I complete Option 2 of the Witnesses'

1/1/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) DEBORAH MONTE	Signature (Required) Rola C. Lewis
Street Address (Required) Blairside Hatched Rd	Street Address (Required) 108 Lewis OR
City, State and Zip (Required) Council - NC 28434	City, State and Zip (Required) E Town 28337
Date 10-11-18	Date 10/11/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30).

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAYONDA SHANAI ROGERS
 905 M AND M ST
 ELIZABETHTOWN, NC 28337

DEM BLADEN COUNTY



Ballot: G003
 JAYONDA SHANAI ROGERS
 PCT/VD P501/P501 Muni:
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ I must complete Option 2 of the *Witnesses' Certification*

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am assistance because a near relative or verifiable legal guardian, or I am providing assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Elizabethtown NC 28337 10-8-2018

Elizabethtown NC 28337 10-08-2018

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 16A-1, § 109-3

STATE OF

COUNTY OF

Notary Public

Commission Expiration Date

SEA!

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

If I am currently or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

PD 1386 11/9/17 Elizabethtown NC 28337

Absentee Application and Certificate

Fraudulently or falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

KATRICE SHONTELL ROGERS
401 QUAIL ST
ELIZABETHTOWN, NC 28337

DEM BLADEN COUNTY



Ballot: G003
KATRICE SHONTELL ROGERS
PCT/VTD: P501/P501 Muni: 50
11/06/2018 - GENERAL

Board Approval Date: _____

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) _____

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the enclosed my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Deborah Monie</i>	Signature (Required) <i>Donna Quinn</i>
Street Address (Required) 81 Clyde Hatcher Rd	Street Address (Required) 1813 Vine St
City, State and Zip (Required) Carrboro NC 28434	City, State and Zip (Required) Chapel Hill NC 27514
Date 10-2-18	Date 10-2-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. 163-18.1)

Absentee Application and

Fraudulently or Falsely completing this form is a Class I felony.

The following people are PROHIBITED from signing:
 For all voters; a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who is a campaign manager or treasurer for any candidate or political party.

KATRICE SHONTELL ROGERS
 401 GAIL ST
 ELIZABETH TOWN, NC 28337

DEM. BLADEN COUNTY



Ballot: G003
 KATRICE SHONTELL ROGERS
 PCT/WD-P501/P501 Muni: 50
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am to vote in this election. If I am an *Unaffiliated* voter voting in a election, I am voting in the party primary indicated on the label. If the party indicated is (UNA), I am voting a nonpartisan

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are disqualified by law to witness the casting of my absentee ballot. Witnesses must complete the Option 1 of the *Witnesses' Certification*.

OR

☐ a notary public (the notary must complete Option 2 of the *Witness Certification*).

Signature of Voter (Required)

Usage

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assist the voter by marking the ballot only according to the Voter's instructions and/or I assisted the voter in completing the *Absentee Application*. I assisted the voter only in the voter's presence. The voter is my near relative or verifiable legal guardian, or I am present because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Second Primary Request or Runoff Request

If, in the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

If, because of expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

all voters, a candidate, **UNLESS** the candidate is the voter's near relative;
 or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ Two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I complete Option 2 of the Witnesses'

Signature of Voter (Required)

Date

Name Correction (If applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>Carol Cunk</i>	<i>John Gause</i>
Signature (Required)	Signature (Required)
<i>Carol Cunk</i>	<i>John Gause</i>
Street Address (Required)	Street Address (Required)
9333 Hwy 131 Bladenboro	137 Marvin Hammond
City, State and Zip (Required)	City, State and Zip (Required)
Bladenboro NC 28507	Bladenboro NC 28507
Date	Date
10-9-18	10-9-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-80)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MAE ROSS
ENFOOT RD
INC 28384
ADEN COUNTY
111111111111
Bailor G004
FY MAE ROSS
D-680 P60
118-TGENERAL
Munt:

Early Request or Runoff Request
at a Second Primary (or Runoff Election) is called.
In absentee application and ballot be issued to me
time. (Check the box to receive eligible ballots.)

Test for Illness/Disability
 In the event of an illness or disability, I request that
 be a request for absentee ballots for any other
 held this calendar year in which I am eligible to
 (I am eligible to receive absentee ballots.)

(If applicable) Clinton Rd
 Application and ballots should be mailed
W/ NC 28384

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application
• All information represented on this application is correct • I am entitled to vote in this election • If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

Signature _____ Datum _____

Name Correction (If applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant	Address of Assistant
-------------------	----------------------

X _____
Signature of Assistant _____ Date _____

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that, on the 1st day of November, 2018, the Voter: Doreen Ngo Pass personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [R.S. § 10B-30].

STATE OF North Carolina
COUNTY OF Robeson Peter Schneider 04-02-2014
Notary Public Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

 Date

 Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

 Name of Assistant

 Address of Assistant

X

 Signature of Assistant

 Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the 1st day of November, 2018, the voter, William R. Ross, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and attesting a notarial act to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF North Carolina

COUNTY OF Robeson

John Schneider
 Notary Public

04-02-2021
 Commission Expiration Date

Absentee Application and Certificate

Fraudulently or falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters, a candidate, **UNLESS** the candidate is the voter's near relative:

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

PATRICK RUSS
AGE ST.
BORO, NC 28320
BLADEN COUNTY

Ballot Book
PATRICK RUSS
VTD: P202/P202
2018 GENERAL

Munt: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public as the Witness

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Simon J. Eason</i>	Signature (Required) <i>Charles E. Eason</i>
Street Address (Required) 401 Edwards Ave	Street Address (Required) 500 Chestnut
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC
Date 10-9-18	Date 10/9/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter _____ personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 106-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) a non-individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JONATHAN SHANE RUSS
 216 GASTON DR
 BLADENBORO, NC 28320

REP 2 BLADEN COUNTY

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

10-22-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Jonathan Shane Russ</i>	Signature (Required) <i>Theresa</i>
Street Address (Required) 7290 Beach Dr SW	Street Address (Required) 1750 Oakbrook Dr SW
City, State and Zip (Required) Ocean Isle Beach NC 28469	City, State and Zip (Required) Ocean Isle Beach NC 28469
Date 10/22/18	Date 10/22/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-3)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Ballot: G001
 JONATHAN SHANE RUSS
 PG1/VID-P202/P202
 11/06/2018 GENERAL

Muni:

Card Approval Date

Second Primary Request or Run-off Request

If the event that a Second Primary (or Run-off Election) is called, request that an absentee application and ballot be issued to me and mailed to me (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that his application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

216 Gaston Dr. Bladenboro N.C.
 Address where application and ballots should be mailed 28320

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party; or who is a campaign manager or treasurer for any candidate or political party.

SAMUEL MAURICE RUSS
 702 NC 21 HWY W
 LARKTON NC 28433

UNA BLADEN COUNTY



Ballot: G001
 SAMUEL MAURICE RUSS
 PCT/VTD: P10/P10
 10/08/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public who completes Option 2 of the Witnesses' Certification.

Date: 10/1/18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the Voter's presence • I am assisting because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Robert K. Barden</i>	Signature (Required) <i>James P. Barden</i>
Street Address (Required) P.O. Box 11111	Street Address (Required) 303 Pecan St Apt 110
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-1-18	Date 10-1-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (C.S. § 10B-3)

STATE OF

Second Primary Request or Runoff Request
 If the event of a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

all voters, a candidate, **UNLESS** the candidate is the voter's near relative;
 if voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MONTELLIE ROUSE
 ST# 118
 DWN NC 28337

EN COUNTY

Ballot Book
 US MONTELLIE ROUSE
 501/P501 Munt 50
 GENERAL

V. Request for Runoff Request
 Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me (Check the box to receive eligible ballots)
Request for Absentee Ballot
 I am requesting an absentee ballot for myself or a family member. I request that I be mailed an absentee ballot for any other election in this calendar year in which I am eligible to vote (check the box to receive eligible ballots).

38-118 Elizabethtown, NC,
 lost and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

-24-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Michael Currie</i>	Signature (Required) <i>Shametta Wynn</i>
Street Address (Required) 27 Ed Burney Road	Street Address (Required) 24 Wright Street apt 11
City, State and Zip (Required) Clarkston, NC 28433	City, State and Zip (Required) Elizabethtown NC 28337
Date 10-24-18	Date 10-24-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter, _____ personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 106-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; or (2) a person who is a campaign manager or treasurer for any candidate or political party.

OCT 27 2018

TIME _____ REC'D BY _____
BLADEN CO. CO. OF ELECTIONS

DAVID HUGH SAMPSON
1254 ZION HILL CHURCH RD
BLADENBORO, NC 28320

UNA BLADEN COUNTY



Ballot: G001
DAVID HUGH SAMPSON
PCT/VTD: P202/P202
11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification);
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Date

10-21-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction Certificate. I assisted the voter only in the Voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the presence of the voter, or caused it to be marked in the voter's presence. The voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the voter and the voter's privacy, unless I assisted the voter at his/her request. (Complete Voter Assistant Certification section)

Witness #1:

Witness #2:

Signature (Required)
Dancy Sampson

Signature (Required)
W. D. Hester

Address (Required)
1254 Zion Hill Church Rd

Address (Required)
3711 Sunset Park Rd

City, State and Zip (Required)
Bladenboro NC 28320

City, State and Zip (Required)
Bladenboro NC 28320

Date
10/21/18

Date
10/21/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in the presence of the voter. The voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the voter and the voter's privacy, unless I assisted the voter at his/her request. (Complete Voter Assistant Certification section)

NOTE: A notary may not charge any fee for witnessing and affixing a notary seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual employed or contracted by the facility to provide services to patients or residents; or (3) a person who is a member of the governing body of the facility;

For voters who are members of a political party or organization: or who is a campaign manager or treasurer for any candidate or political party.

OCT 27 2018

TIME REC'D BY

NANCY MAE SAMPSON
1254 ZION HILL CHURCH RD
BLADENBORO, NC 28320

REP. / BLADEN COUNTY

Ballot: G001
NANCY MAE SAMPSON
POT/UTP202/P202
11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification),

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

10-27-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assistance because a near relative or verifiable legal guardian, or I am providing assist the voter.

Wendy D. Hester 31 Sunset Park Rd
Name of Assistant Address of Assistant
Signature of Assistant Date 10/27/2018

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witnessing the described in the WARNING on the flap of this envelope; The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to the voter's instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed in the voter's presence. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at the (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) D. Hester	Signature (Required) Wendy D. Hester
Street Address (Required) 31 Sunset Park Rd	Street Address (Required) 31 Sunset Park Rd
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10/27/2018	Date 10/27/2018

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared _____, identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in presence according to his/her instruction. The voter signed this Absentee Application and Certificate in the presence of the voter. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section). A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 10

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MONAREIA HENRY SCOTT
 350 TWISTED HICKORY RD # 13
 ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY



Ballot: G001

MONAREIA HENRY SCOTT
 ECT/VIDE 16/P15
 11/05/2018 - GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter, voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date 11/15/2018

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence, according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Robert Owens</i>	Signature (Required) <i>Delnah Zuhra</i>
Print Address (Required) 320 McWay St.	Print Address (Required) 2189 Ivy 701 N
City, State and Zip (Required) Elizabethtown, N.C.	City, State and Zip (Required) Elizabeth NC 28337
Date 10-15-18	Date 10-15-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-104)

STATE OF _____

COUNTY OF _____

Notary Public

SEA

Commission Expiration Date

2094 Elizabethtown
 N.C.
 28337

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds office in a local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 01 2018

TIME REC'D BY
 BLADEN COUNTY ELECTIONS

TONY LEE SEVERINE
 203 NC 242 HWY'S
 CADDENBORO NC 28320

INAT: BLADEN COUNTY

Ballot: G001
 TONY LEE SEVERINE
 FCT/VTD/P202/R202
 11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

28-18

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required)</p> <p>303 Picard St 3F</p> <p>Bladenboro NC 28320</p> <p>City, State and Zip (Required)</p> <p>9-28-18</p> <p>Date</p>	<p>Signature (Required)</p> <p>1216 WEBS FLDK RD</p> <p>Bladenboro NC 28320</p> <p>City, State and Zip (Required)</p> <p>9-28-18</p> <p>Date</p>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

WILLIAM JORDAN SEWARD
 1123 NC HWY
 ST. PAULS, NC 28384

REP. BLADEN COUNTY



Ballot: G004

WILLIAM JORDAN SEWARD
 PC/P60/P60 Muni:
 11/08/2018 E-GENERAL

Board/County/Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

11-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>David F. Hall</i>	Signature (Required) <i>Eden Hall</i>
Street Address (Required) 1123 NC Hwy 20E	Street Address (Required) 1123 NC Hwy 20E
City, State and Zip (Required) TAR HEEL, NC 28392	City, State and Zip (Required) Tar Heel, NC 28392
Date 10-11-18	Date 10-11-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the V. identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the V. presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate* caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-18)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SE

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BILLY R SHAW
 14 MIDWAY DR
 BLADENBORO, NC 28320
 UNA - BLADEN COUNTY

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

I am completing Option 2 of the Witnesses' Certification

7-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p><i>James R. Singleton</i> Signature (Required)</p> <p><i>216 WEBB PAULK RD</i> Street Address (Required)</p> <p><i>BLADENBORO, NC 28320</i> City, State and Zip (Required)</p> <p><i>9-27-18</i> Date</p>	<p><i>Lisa Britt</i> Signature (Required)</p> <p><i>303 Pecan St 3F</i> Street Address (Required)</p> <p><i>Bladenboro NC 28320</i> City, State and Zip (Required)</p> <p><i>9-27-18</i> Date</p>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter

identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (106, § 108-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Ballot: G001
 BILLY R SHAW
 PCT/VID: P202/P202
 11/06/2018 GENERAL

Muni: 20

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me if mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 In the event that I am unable to appear at the polls due to illness or disability, I request that an absentee application and ballot be issued to me if mailed to me. (Check the box to receive eligible ballots.)

Name of Voter (if applicable)

Where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

CHANTEL ANGEL SHAW
204 WRIGHT ST # A1
ELIZABETHTOWN, NC 28337

DEM. - BLADEN COUNTY



Ballot: G004
CHANTEL ANGEL SHAW
PCT/VTD: P501/P501
11/06/2018 - GENERAL

Muni: 50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

6/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

David J. Lozano 64 Randys Way
Name of Assistant Address of Assistant

X David J. Lozano
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) David J. Lozano	Signature (Required) Brenda Joano
Street Address (Required) 64 Randys Way	Street Address (Required) 64 Randys Way
City, State and Zip (Required) Elizabethtown, NC 28337	City, State and Zip (Required) Elizabethtown, NC 28337
Date 9/26/18	Date 9/26/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me (Check the box to receive eligible ballots).

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate (Check the box to receive eligible ballots).

204 Wright Street Unit A1

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LESLIE A SHAW
 131 BUTTERS LOOP RD
 BLADENBORO, NC 28320

UNA BLADEN COUNTY



Ballot: G001
 LESLIE A SHAW
 PCT/MD: P201/P201
 11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

22-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting the voter because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Shaw, S. Klee	Signature (Required) Gene W. Winlock
Street Address (Required) 1162 S.A. Carroll Rd.	Street Address (Required) 1132 S.A. Carroll Rd.
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro N.C. 28320
Date 10-22-18	Date 10-22-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was _____ identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 1-105)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires On _____

NCSBE v2018.02

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LOVEANNA SHIPMAN
 285 SAND PIT RD
 ELIZABETH TOWN, NC 28337

DEM. - BLADEN COUNTY



Ballot: G004
 LOVEANNA SHIPMAN
 POT/VD/P35/P35
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Signature of voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) DEBBIE MONROE	Signature (Required) Borden Hume
Street Address (Required) 611 Clyde Hatchel Rd	Street Address (Required) 1813 Vane St.
City, State and Zip (Required) New N.C. 28434	City, State and Zip (Required) Elizabeth NC 28337
Date 10-4-18	Date 10-4-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 (Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SANDY LEE SHAW
 2852 TWISTED HICKORY RD
 ELIZABETH TOWN, NC 28337

REP - BLADEN COUNTY



Ballot: G001
 SANDY LEE SHAW
 PCT/VTD: P501/P501 Muni:
 1/05/2018 GENERAL

Ballot Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

I the Witnesses'

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing my presence, or caused it to be marked in the voter's presence according to the voter's signature on this Absentee Application and Certificate, or caused it to be the secrecy of the ballot and the voter's privacy, unless I assisted the voter (complete Voter Assistant Certification section).

Witness #1	Witness #2
Brenda Lee Ward	Robert L. Shaw
Signature (Required)	Signature (Required)
2852 Twisted Hickory Rd	P.O. Box 1000
Street Address (Required)	Street Address (Required)
Elizabeth Town NC 28337	Bladen County
City, State and Zip (Required)	City, State and Zip (Required)
9-30-18	
Date	

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, personally appeared before me _____, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affording a notarial seal to an absentee ballot application or certificate.

STATE NC

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or who is a campaign manager or treasurer for any candidate or political party.

Exhibit 4-76.2-1-1

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____ Address of Assistant _____

X _____
 Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Lola Woods</i>	Signature (Required) <i>Hand Huen</i>
Street Address (Required) <i>108 Leventis Dr</i>	Street Address (Required) <i>1813 Vine St</i>
City, State and Zip (Required) <i>Cornwall NC 28331</i>	City, State and Zip (Required) <i>Charlotte NC 28331</i>
Date <i>10/9/18</i>	Date <i>10/9/18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. N.C.S. § 10B-90.

STATE OF _____

COUNTY OF _____

Notary Public _____

Commission Expiration Date _____

SEAL

NITA ANNETTE SHIRMAN
 MARTIN LUTHER KING DR
 ABETH TOWN, NC 28337

BLADEN COUNTY

Ballot: G003
 NITA ANNETTE SHIRMAN
 V.D.P. 507P507 Muni: 50
 2018 GENERAL

Primary Request or Runoff Request
 What is a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me in forms. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I am requesting an absentee ballot for illness or disability. I request that I be provided an absentee ballot for any other reason. (Check the box to receive eligible ballots.)

der (if applicable)

Application and ballots should be mailed

Absentee Application and Certificate

651 of 796

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Alexis Singletary</i>	Signature (Required) <i>Barbara F. Singletary</i>
Street Address (Required) 19151 Hwy 410 S	Street Address (Required) 19151 NC Hwy 410
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-31-18	Date 10-31-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 106-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Delivered By Voter

BERT SINGLETARY

RAULK RD
PO NC 28320

DENICOUNTY

Ballot (G001)
BERT SINGLETARY
P202/P202 Muni
8-2 GENERAL

Request for Second Primary (or Runoff Election) Is called,
 absentee application and ballot be issued to me.
 (Check the box to receive eligible ballots.)

Request for Illness/Disability
 For expected illness or disability, I request that
 a request for absentee ballots for any other
 held this calendar year in which I am eligible to
 check the box to receive eligible ballots.)

Applicable:
 and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☒ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

NC SBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the 26th day of September, 2018, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-90)

STATE OF N.C.

COUNTY OF Bladen

Notary Public

5-10-2023

SEAL

Commission Expiration Date

The following people are PROHIBITED from signing the

for all voters, a candidate, UNLESS the candidate is the voter's near relative;
 for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

HELEN SIMPSON
 100 MILLER RD #2H
 HAWTHORN, NC 28337

ADEN COUNTY

Ballot G005
 SHIELDS SIMPSON

6: P502/P502 Muni: 50
 118 GENERAL

all Date

Notary Request for Runoff Request

If a Second Primary (or Runoff Election) is called, the Absentee Application and ballot be issued to me. (Check this box to receive eligible ballots.)

Request for Absentee Ballot

Due to extended illness or disability, I request that the Absentee Application and ballot be issued to me. (Check this box to receive eligible ballots.)

If applicable, the Absentee Application and ballot should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I complete Option 2 of the Witnesses'

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required): DEBORAH MONROE	Signature (Required): John W. Wooten
Street Address (Required): 814 Hyde Hatcher Rd	Street Address (Required): 108 Lewis Dr
City, State and Zip (Required): Council NC. 28434	City, State and Zip (Required): Elizabeth City NC 28337
Date: 10-2-18	Date: 10/2/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and attesting a notarial seal to an absentee ballot application or certificate. (G.S. § 109-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative; **For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

☒ Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and attesting a notarial act in an absentee ballot application or certificate. (N.C. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires Date

SEAL

NCSBE-v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

REGINA SINGLETARY
EED RD
NC 28392

DEN COUNTY



Ballot G604
REGINA SINGLETARY
P80P80 Muni:
81-GENERAL

Date

Try Request or Runoff Request

A Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me is: (Check this box to receive eligible ballots.)

Request for Illness/Disability

For expected illness or disability, I request that a request for absentee ballots for any other election this calendar year in which I am eligible to vote be placed in the box to receive eligible ballots.

Applicable

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10/25/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Heugasse 2	Heugasse 2
Street Address (Required)	Street Address (Required)
65929 Frankfurt	65929 Frankfurt
City, State and Zip (Required)	City, State and Zip (Required)
10/25/18	10/25/18
Date	Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 105-30).

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
 ESS the candidate is the voter's near relative.

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

IDAHO COUNTY

Ballot G002
NYEE SIMPSON

530/P30
GENERAL

Mon:

Second Primary (or Runoff Election) is called as series application and ballot be issued to me by (Check the box to receive eligible ballots)

For Illness/Disability
For expected illness or disability, I request that
a request for absentee ballots for any other
day this calendar year in which I am eligible to
vote be received eligible ballots.

tion and ballots should be mailed

Voter's Certification (Required)

3. Party Affiliation (Required)
 I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application.
 * All information represented on this application is correct. * I am entitled to vote in this election. * If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. * If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ **OR**
 [] **Witnesses must complete Option 2 of the Witnesses'**

16-29-18

Date _____

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

Legal Assistant Certification (If applicable)
 I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant

X

Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1		Witness #2	
Kurtz Graham		Carol Graham	
Signature (Required)		Signature (Required)	
294 Kennedy St		24 Dickson	
Street Address (Required)		Street Address (Required)	
Riegelwood, NC		Riegelwood NC 28456	
City, State and Zip (Required)		City, State and Zip (Required)	
10-29-18 - 28456		10-29-18	
Date		Date	

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, _____, the Voter's _____, identified, and in my presence, the Voter marked the enclosed ballot; or caused it to be marked in my presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed on his/her behalf. • I am at least 18 years old. • I am not disqualified from witnessing the ballot. • I described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary must be present.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. RG.S. 5 10B-301

STATE OF

COUNTY OF

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MADISON DIANE SINGLETARY
 648 NC 242 HWY S
 LA DENBORO, NC 28320
 EP BLADEN COUNTY



Ballot: G001
 MADISON DIANE SINGLETARY
 FCT/VD/P202/P202 Munt:
 11/06/2018 GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public (the Notary must complete Option 2 of the Witnesses' Certification)

10/23/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot by my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Cailey DeAnne Eller	Lindsey H. Bennett
Signature (Required)	Signature (Required)
Cailey Eller	Lindsey Bennett
Street Address (Required)	Street Address (Required)
584 Sugar Tree Rd.	4305 Clearbrook Ln N
City, State and Zip (Required)	City, State and Zip (Required)
Warrenville, NC 28083	Wilson, NC 27896
Date	Date
10/23/18	10/23/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot by my presence, or caused it to be marked in the Voter's presence according to his/her instruction. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A Notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. 163-18.1)

STATE OF

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DEMETRIO PENA SIERRA
 505 RIVERSIDE DR
 ELIZABETHTOWN, NC 28337

UNA - BLADEN COUNTY



Ballot: G005
 DEMETRIO PENA SIERRA
 PC/VTD: P502/P502
 11/05/2018 GENERAL

Muni: 50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter: _____ Date: 10-9-18

Name Correction (if applicable): _____

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am assisting because a near relative or verifiable legal guardian, or I am providing assist the Voter.

Name of Assistant: _____

Address of Assistant: _____

X

Signature of Assistant: _____

Date: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 805 Riverside Dr	Street Address (Required) 805 Riverside Dr
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date 10/9/18	Date 10-9-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 10 S. § 100-10.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE-v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

A SINGLETARY
 HWY
 NC 28320
 EN COUNTY

Ballot: G001
 SA SINGLETARY
 31/P201
 GENERAL

Request for Runoff Request
 Second Primary (or Runoff Election) is called.
 Absentee application and ballot be issued to me
 a. (Check the box to receive eligible ballots.)
Request for Illness/Disability
 For expected illness or disability, I request that
 a ballot be issued for absentee ballots for any other
 id this calendar year in which I am eligible to
 a box to receive eligible ballots.)

non and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I am completing Option 2 of the Witnesses' Certification

Signature _____

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Alexis Singletary</i>	Signature (Required) <i>Barbara F. Dingle</i>
Street Address (Required) 19151 Hwy 410 S	Street Address (Required) 19151 NC Hwy 410
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-31-18	Date 10-31-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARY O. MCKIVER SMITH
 217 SANDPIT RD
 ELIZABETH TOWN, NC 28337
 DEM - BLADEN COUNTY



Ballot: G004
 MARY O. MCKIVER SMITH
 PCT/VTD: P35/P35
 11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I am the voter and must complete Option 2 of the Witnesses' Certification

Name Correction (if applicable)

10-4-18
 Date

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request to complete the Voter Assistant Certification section.

Witness #1

Witness #2

APPROPRIATE MONROE
 Signature (Required)

Signature (Required)

11111111111111111111
 Street Address (Required)

10000000000000000000
 Street Address (Required)

Council N.C. 29434
 City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____, personally appeared before me, _____, the _____, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request to complete the Voter Assistant Certification section.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10-10)

STATE OF

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ Two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I am completing Option 2 of the Witnesses' Certification

0/3/18
Date

Name Correction (if applicable):

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

☒ Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Norah Edwards</i>	Signature (Required) <i>Andy D. Hester</i>
Street Address (Required) 1571 Fisher Pousard	Street Address (Required) 371 Sunset Park Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10-3-18	Date 10-3-2018

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I, _____, a Notary Public, personally appeared _____, a duly qualified voter, who was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2016.02

RA PAT SKIPPER
SHEIST
BORO NC 28320

BLADEN COUNTY

RA PAT SKIPPER
DIF201/P201
018 - GENERAL

Muni: 20

Primary Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If I am ill or have a disability, I request that I be a request for absentee ballots for any other election held this calendar year in which I am eligible to check the box to receive eligible ballots.)

(If applicable)

Applications and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters, a candidate, **UNLESS** the candidate is the voter's near relative;
 or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10-9-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required) <i>Dalea Danner</i></p>	<p>Signature (Required) <i>Louette Dilucco</i></p>
<p>Street Address (Required) 4447 Old Albemarle St</p>	<p>Street Address (Required) 901 Village St</p>
<p>City, State and Zip (Required) Bladenboro NC 28320</p>	<p>City, State and Zip (Required) Bladenboro NC 28320</p>
<p>Date 10-9-18</p>	<p>Date 10-9-18</p>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-50)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commissioner Expiration Date

NC3BE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application.
 • All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature _____

13-18
Date

Name Correction (if applicable) _____

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant _____

X
Signature of Assistant

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Hannah Smith
Signature (Required)

Kim Smith
Signature (Required)

7845 Maxwell Rd
Street Address (Required)

7845 Maxwell Rd
Street Address (Required)

Stedman, NC 28391
City, State and Zip (Required)

Stedman, NC 28391
City, State and Zip (Required)

10/27/18
Date

10/27/18
Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public _____

Commission Expiration Date _____

SEAL

NCSBE v2018.02

ADRIAN GRAY SMITH
28 MYRTLE AVE
WHITE LAKE, NC 28337

REP - BLADEN COUNTY

Ballot: G004
ADRIAN GRAY SMITH
PC LEV D P40 P40
11/05/2018 - GENERAL

Muni: 40

Cond Primary Request or Runoff Request
 I request that a Second Primary (or Runoff Election) be called, just that an absentee application and ballot be issued to me (mailed to me). (Check the box to receive eligible ballots.)
☐ I request that I continue or expected illness or disability, I request that application be a request for absentee ballots for any other time to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Name of Voter (if applicable) _____

Where application and ballots should be mailed _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters: a candidate; **UNLESS** the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

SMITH
 RIMMERS RD #11
 TOWN NC 28337
 DEN COUNTY
 Ballot: G006
 EE SMITH
 P502/P502
 GENERAL
 Date: _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I complete Option 2 of the Witnesses'

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant _____

X
 Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Imaika McNeal</i>	Signature (Required) <i>Sandra Quinn</i>
Street Address (Required) <i>1019 S Poplar St</i>	Street Address (Required) <i>1813 Vine St</i>
City, State and Zip (Required) <i>Kelloggville NC 28337</i>	City, State and Zip (Required) <i>Charlotte NC 28307</i>
Date _____	Date _____

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-20)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters, a candidate, UNLESS the candidate is the voter's near relative;
all voters who are patients for residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR
☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) _____ Date 10-28-18

Name Correction (if applicable) _____

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____

X
Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <u>Wm. H. J. Jr.</u>	Signature (Required) <u>Wm. H. J. Jr.</u>
Street Address (Required) <u>2939 Old Farm Rd</u>	Street Address (Required) <u>2849 Old Farm Rd</u>
City, State and Zip (Required) <u>Greensboro NC 27441</u>	City, State and Zip (Required) <u>Greensboro NC</u>
Date <u>10-28-18</u>	Date <u>10-29-18</u>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 16B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Fraudulently or Falsely completing this form is a Class 1 Felony under Chapter 163 of the N.C. General Statutes

For all voters: a candidate, UNLESS the candidate is the voter's near relative.

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

JE WILLIS SMITH
ND PIT RD
JEHTOWN, NC 28337
BLADEN COUNTY

Ballot 0004
JE WILLIS SMITH
VTD P35/P35
2018 GENERAL
Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Sandra G. Givons

Name of Assistant

Address of Assistant

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) DEBORAH MONROE	Signature (Required) Sarah Givons
Street Address (Required) 91 Clyde Highway Rd	Street Address (Required) 1813 Vine St
City, State and Zip (Required) Council NC 28424	City, State and Zip (Required) Elizabeth NC 28377
Date 10-4-18	Date 10-4-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-303)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

CARRIE WILLIS SMITH
 233 SANDPITER
 ELIZABETHTOWN, NC 28337
 DEM - BLADEN COUNTY



Ballot: G004
 CARRIE WILLIS SMITH
 PCT/ID: P35/P35
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (If applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am assistance because a near relative or verifiable legal guardian, or I am providing assist the Voter.

Sandra Givons

Name of Assistant

Address of Assistant

X Sandra Givons

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)
 DEBORAH MONROE

Signature (Required)
 Sarah Givons

Street Address (Required)
 2114 DeHaven Rd

Street Address (Required)
 1813 Vine St

City, State and Zip (Required)
 Council NC 28404

City, State and Zip (Required)
 Elizabeth NC 283

Date
 10-4-18

Date
 10-4-18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and attesting a notarial seal to an absentee ballot application or certificate. (G.S. 5-105)

STATE OF _____

COUNTY OF _____

SEA

Notary Public

Commission Expiration Date

NCSSB v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

for all voters, a candidate, **UNLESS** the candidate is the voter's near relative;
 (1) an individual who holds any federal, State, or local elective office; and (2) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

DE SMITH
 ETEVILLE RD
 28441

COUNTY

Ballot: G004
 ADE SMITH
 3P45
 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Signature of Voter (Required)

10-27-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Charlotte	Caroline Sipes
Signature (Required)	Signature (Required)
2939 Old Fayetteville Road	11850 Misthobe Dr
Street Address (Required)	Street Address (Required)
Garland, NC 28441	Laurinburg, NC 28352
City, State and Zip (Required)	City, State and Zip (Required)
10/27/18	10/27/18
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

For all voters: a candidate, UNLESS the candidate is the voter's near relative:
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds any office in a State congressional district, county, or city and county party or organization; or who is a campaign manager or treasurer for any candidate or political party.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

DOUGLAS KENT SMITH
 35 MYRTLE AVE
 WHITE LAKE NC 28337

REP. BLADEN COUNTY



Ballot: G004

DOUGLAS KENT SMITH

ECT/MTD P40/P40

11/06/2018 GENERAL

Muhl: 40

Bar Code Date

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

10/27/18

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

10/27/18

10/27/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter

personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary *may not charge any fee* for witnessing and affixing a notarial seal to an absentee ballot application or certificate, [G.S. § 108-30]

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters, a candidate, **UNLESS** the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

LEE SMITH
 BORN
 TOWN NC 28337
 ADEN COUNTY
 Ballot: G004
 LEE SMITH
 P35/P35
 P35 GENERAL
 Date: _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete the Option 2 of the Witnesses' Certification)

Sign: _____ Date: _____

Name Correction (if applicable): _____

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Sandra Guions

Name of Assistant Address of Assistant

X Sandra Guions

Signature of Assistant

10-4-18

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
DEBORAH MONROE	Sandra Guions
Signature (Required)	Signature (Required)
91 Clyde Hatcher Rd	1813 Vine St
Street Address (Required)	Street Address (Required)
COUNCIL N.C. 28494	Elizabethton NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
10-4-18	10-4-2018
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 02 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTION

Voter's Certification (Required)

I am applying for an absentee ballot. I am a fully qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

- ☐ a notary public (the notary must complete Option 2 of the *Witnesses'* *Certification*)

X
Signature of Voter (Required)

Date _____

Name Correction (if applicable): _____

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

at the voter,
Mary Sinker 127 Johnson Rd.
Name of Assistant Address of Assistant

X Mary Sinkles
Signature of Assistant

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1:

183 (cont.)

Signature (Required)

Slackton, Brandon

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Eugene Sloan ⁷¹⁶ Date 10-3-77

Elizabeth town NC 28357 11/1/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot; or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (E.S. § 109-301)

STATE OF

COUNTY OF

History Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

SAMUEL SMITH
1001
TOWN, NC 28337

BLADEN COUNTY



Ballot: G003
SE SAMUEL SMITH
ID: P501/P501
118 GENERAL

Muni: 50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐

uses'

118

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date:

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>London Hume</i>	<i>Lola Woods</i>
Signature (Required)	Signature (Required)
<i>1813 Vine St</i>	<i>108 Lewis Dr</i>
Street Address (Required)	Street Address (Required)
<i>Elizabeth NC 28337</i>	<i>6124 Bethwood Rd 28337</i>
City, State and Zip (Required)	City, State and Zip (Required)
<i>10-12-18</i>	<i>10/12/18</i>
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-30]

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must be in 2 of the Witnesses' Certification)

10-3-2018
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Wendy D. Hester 371 Sunset Park Rd
Name of Assistant Address of Assistant
Signature of Assistant Date 10/3/2018

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required): <i>Oliver Dan</i> 10/3/18</p> <p>Street Address (Required): 175 3rd St Dublin NC</p> <p>City, State and Zip (Required): Dublin NC 28332</p>	<p>Signature (Required): <i>Wendy D. Hester</i></p> <p>Street Address (Required): 371 Sunset Park Rd</p> <p>City, State and Zip (Required): Dublin NC 28332</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 163-202)

STATE OF _____
COUNTY OF _____
Notary Public _____
Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home;

(1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local election office; and (3) an individual who holds office in a State congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LISA BASS SMITH
35 MYRTLE AVE
WHITE LAKE, NC 28337

REP. BLADEN COUNTY



Ballot: G004
LISA BASS SMITH
PCT/VTE/P40/P40
11/08/2018 GENERAL

Muni: 40

Signature of Voter

Second Primary Request or Runoff Request

If, however, that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ Option 2 of the Witnesses'

1/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Douglas K. Smith</i>	Signature (Required) <i>Adrian Smith</i>
Street Address (Required) 35 Myrtle Ave	Street Address (Required) 35 Myrtle Ave
City, State and Zip (Required) White Lake NC 28337	City, State and Zip (Required) White Lake NC 28337
Date 10/28/18	Date 10-28-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization; or who is a campaign manager or treasurer for any candidate or political party.

JAMES HARRY SMITH
285 SAND PIT RD
ELIZABETH TOWN, NC 28337
DEM - BLADEN COUNTY

Ballot: G004
JAMES HARRY SMITH
PCT/VID: P35/P35
11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) DEBORAH HOWSE	Signature (Required) Patsy Winton
Street Address (Required) 91 Clyde Hotel Rd	Street Address (Required) 101 Lewis Dr
City, State and Zip (Required) Coryell W.C. 28494	City, State and Zip (Required) Elizabethtown NC 28337
Date 10-4-18	Date 10/4/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter personally appeared before me, was properly identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate* caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JANE WILSON SMITH
1525 TARHEEL RD
TARHEEL, NC 28392

DEM - BLADEN COUNTY



Ballot: G004
JANE WILSON SMITH
PCT/ID: 60/P60
11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assist the voter.

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing my presence, or caused it to be marked in the voter's presence according to his/her presence. The voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the voter and the voter's privacy, unless I assisted the voter at the voter's request (complete Voter Assistant Certification section).

Witness #1

Signature (Required)
Kathy Hendrix

Street Address (Required)
508 Tar Heel Rd

City, State and Zip (Required)
Tar Heel NC 28392

Date
7/28/18

Witness #2

Signature (Required)
Dana R. Smith

Street Address (Required)
216 WEBB RD

City, State and Zip (Required)
BLADENBORO

Date
9/1/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked, according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the voter and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and attesting to the validity of the ballot.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NORA BUTLER SMITH
 1239 PLEASANT GROVE CHURCH RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 NORA BUTLER SMITH
 PCT/VTD: P16/E16
 1/10/2018 - GENERAL

Muni:

Ballot Approval Date:

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I am completing the application and ballot in the presence of a Notary Public (the Notary Public must complete Option 2 of the Witnesses' Certification)

Date

218

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot, my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required) <i>Deloris Johnson</i>	Signature (Required) <i>Annice Rose Bussan</i>
Street Address (Required) <i>1075 PLEASANT GROVE CHURCH RD</i>	Street Address (Required) <i>1145 Harrison Rd.</i>
City, State and Zip (Required) <i>Bladenboro NC 28320</i>	City, State and Zip (Required) <i>Bladenboro NC 28320</i>
Date <i>10-24-18</i>	Date <i>10-24-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positive presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, I caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and attesting a notarial seal to an absentee ballot application or certificate. 16 S.S. § 100-3c.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

BLAND SMITH
 CENTER RD
 ENBORO, NC 28320

BLADEN COUNTY

Ballot (G001)

ROLAND SMITH
 VID:P202/P202

6/20/18 GENERAL

Muni:

Primary Request or Runoff Request

If a Second Primary (or Runoff Election) is called, voter absentee application and ballot be issued to me. (Check this box to receive eligible ballots.)

Request for Illness/Disability

Due to an expected illness or disability, I request that an absentee request for absentee ballots for any other to be held this calendar year in which I am eligible to be held. (Check this box to receive eligible ballots.)

Name of Assistant

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of this Witnesses' Certification).

OR

☐ a Notary Public

7-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Jessica Dowless</i>	Signature (Required) <i>Samuel Hickey</i>
Street Address (Required) 2766 Twisted Hickory Rd	Street Address (Required) 2766 Twisted Hickory Rd
City, State and Zip (Required) E-tna N.C. 28337	City, State and Zip (Required) E-tna N.C. 28337
Date 10/7/18	Date 10/7/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, I was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and adding a notary seal to an absentee ballot application or certificate. (N.C. § 163-102-2)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

NCSBE v2016.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

NEELYNETTE SMITH-RICH
 GET ST. AS
 SLEETOWN NC 28337

BLADEN COUNTY

Ballot: G004
 QUINELLYNETTE SMITH-RICH
 IV-20 P501/P501 Muni: 50
 5/2018 GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a voter assistant who is at least 18 years of age and who is not disqualified by law to assist the voter (the voter assistant must complete the Voter Assistant Certification section)

Witnesses'

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

DEBORAH MONROE
 Name of Assistant Address of Assistant

x Deborah Monroe
 Signature of Assistant Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) DEBORAH MONROE	Signature (Required) Linda Guin
Street Address (Required) 1813 Vine St	Street Address (Required) 1813 Vine St
City, State and Zip (Required) Council NC-28434	City, State and Zip (Required) Elizabeth NC 28337
Date 10-3-18	Date 10-3-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A Notary Public may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 108-30)

STATE OF _____
 COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

WYVW
NC 28320
BEN COUNTY
Ballot: G001
SMOAK
B.P.15/P.15
0.8.2 GENERAL
Muni:
Signature:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature:

Date:

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Calvin D. D.</i>	Signature (Required) <i>Bobby A. D.</i>
Street Address (Required) 11745 NE Hwy 41 West	Street Address (Required) 11759 NE Hwy 41 W
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 11-2-18	Date 11-2-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30).

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DE LORES HARRIS SMOKER
1045 S HORSEPEN RD
HARRIS, NC 28444

REP. BLADEN COUNTY



Ballot: G002
DE LORES HARRIS SMOKER
PCT/VTD P65/P65
11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter

identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 166-36)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate; **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RONALD DEAN SMOKER
 1045 S HORSEFEN RD
 HARRELLS NC 28444

REP - BLADEN COUNTY



Ballot: G002
 RONALD DEAN SMOKER
 PCT/VTDP65/P65
 1/08/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

By _____

Name Correction (if applicable)

2/16/18
 Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The voter marked the enclosed ballot my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Phillip L. Latham</i>	Signature (Required) <i>Robert F. Latham</i>
Street Address (Required) 13 E. 4th Dr.	Street Address (Required) 13 E. 4th Dr.
City, State and Zip (Required) Harrells NC 28444	City, State and Zip (Required) Harrells NC 28444
Date 10-16-2018	Date 10-16-2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (U.S.S. § 106-39)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

SONYA CHRISTINE SOLES
209 WALNUT ST. # 3A
BLADENBORO NC 28320

DEM - BLADEN COUNTY



Ballot: G001
SONYA CHRISTINE SOLES
BCT/VID/P202/P202
11/06/2018 GENERAL

Muhl: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

11-06-2018
Date

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Wendy DeWitt</i>	Signature (Required) <i>Wendy DeWitt</i>
Street Address (Required) 209 W. Walnut St. Apt 3A	Street Address (Required) 209 W. Walnut St. Apt 3A
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10-15-18	Date 10-15-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses are Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was properly identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 1-214)

STATE OF *North Carolina*

COUNTY OF _____

Notary Public

Commission Expires on _____

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

209 West Walnut St. Apt 3-A
Bladenboro, N.C. 28320

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CAROL SUE SPAULDING

1721 DAVIS LN

CLARKTON, NC 28433

DEM - BLADEN COUNTY



Ballot: G001
 CAROL SUE SPAULDING
 PG1/VID:P501/P501
 11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public who completes Option 2 of the Witnesses' Certification

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am assistance because a near relative or verifiable legal guardian, or I am providing assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) DEBRAH MONROE	Signature (Required) Sandra Quinn
Street Address (Required) 81 Clyde Hatcher Rd	Street Address (Required) 1813 Vine St
City, State and Zip (Required) Council Bluffs IA 51503	City, State and Zip (Required) Elmhurst IL 60120
Date 10-16-18	Date 10-16-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

DUSTIN DAKOTA SPURLING
 104 VEY ST
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 DUSTIN DAKOTA SPURLING
 PCT/ND/P201/P201 Muni: 20
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ a Notary Public ☐ OR ☐ a Notary Public ☐ Option 2 of the Witnesses' Certification

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction, and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or verifiable legal guardian or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the enclosed my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed in the presence of the voter and the voter's privacy (unless I assisted the voter at his/her complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required) *Bridges S. Eason* *Chris J. Eason*
 Street Address (Required) *4012 Edwards Ave* *562 Chestnut*
 City, State and Zip (Required) *Bladenboro, NC 28320* *Bladenboro, NC 28320*
 Date *10-11-18* *10-11-18*

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared _____, identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in my presence according to his/her instructions. The voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an election ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

KIM M SPURLING
 01 LIVEY ST
 BLADENBORO NC 28320
 NA 2 BLADEN COUNTY



Ballot: G001
 KIM M SPURLING
 ECT/VT/P201/P201
 11/06/2018 GENERAL

Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public as described in Option 2 of the Witnesses' Certification

10-5-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am assistance because a near relative or verifiable legal guardian, or I am providing assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence, according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Jimmy S. Eason</i>	Signature (Required) <i>Lisa Britt</i>
Street Address (Required) 401 Edwards Ave	Street Address (Required) 303 Plean St 3F
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10-5-18	Date 10-5-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Second Primary Request or Runoff Request
 (Event that a Second Primary (or Runoff Election) is called, but that an absentee application and ballot be issued to me called to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 (continued or expected illness or disability, I request that application be a request for absentee ballots for any other vote to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

of Voter (if applicable)

Where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL RAY STALLINGS
 7341 JOYCE ST
 ELIZABETH TOWN, NC 28337

REP - BLADEN COUNTY



Ballot G005
 MICHAEL RAY STALLINGS
 PCT/V/D: P502/P502 Muni: 50
 11/08/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ public () notary must complete Option 2 of the Witnesses'

1-29-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am assistance because a near relative or verifiable legal guardian, or I am providing assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Mike Stallings	Signature (Required) Karen W. Stallings
Street Address (Required) 25 Johnson St	Street Address (Required) 25 Johnson St
City, State and Zip (Required) White Lake, NC 28337	City, State and Zip (Required) White Lake, NC 28337
Date 10/29/18	Date 10/29/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 10B-1)

STATE OF

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters, a candidate, **UNLESS** the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

STANLEY
 ROCK RD
 28060 NC 28456
 DEN COUNTY

Ballot # 0002
 STANLEY
 307 P30
 GENERAL

Muni:

Request or Runoff Request
 Second Primary (or Runoff Election) is called.
 Absentee application and ballot be issued to me.
 (Check the Box to receive eligible ballots.)

Request for Illness or Disability
 For expected illness or disability, I request that
 a request for absentee ballot for any other
 election this calendar year in which I am eligible to
 check the box to receive eligible ballots.)

Applicable
 and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

☒ Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Carol Kraham	Signature (Required) Adrian Hudson
Street Address (Required) 84 Dickson Rd	Street Address (Required) 738 Dickson Rd
City, State and Zip (Required) Riegelwood NC 28456	City, State and Zip (Required) Riegelwood NC 28456
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 21

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public (the Notary must complete Option 2 of the Witnesses' Certification)

Signature

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: This voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

JANICE VALENTE 29 STANLEY RD Bladenboro, NC
 Name of Assistant Address of Assistant

X JANICE VALENTE 10/21/18
 Signature of Assistant Date

NCSBE V2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Janice Valente	Signature (Required) Stu P. D. St.
Street Address (Required) 29 Stanley Rd	Street Address (Required) 524 Stanley Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10/21/18	Date 10/21/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A Notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-30f)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

ALLEN WAYNE STANLEY
 8064 CENTER RD
 BLADENBORO, NC 28320

UNA BLADEN COUNTY

TIME _____
 BLADEN CO. BD



Ballot G001
 ALLEN WAYNE STANLEY
 PCT/WTB/P202/P202 Muni
 11/08/2018 GENERAL

Ballot Approval Date

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

0645 CENTER RD Bladenboro, NC 28320
 Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

for all voters, a candidate, **UNLESS** the candidate is the voter's near relative;
 for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 0

TIME _____ RESD
 BLADEN CO. BD. OF

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Name Correction (if applicable): _____

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<i>Kyle Z. Starkloff</i>	<i>Carol D. Starkloff</i>
Signature (Required)	Signature (Required)
340 Hayfield Street	2206 FIRST AVE.
Street Address (Required)	Street Address (Required)
Elizabethtown, NC 28337	ELIZABETHTOWN NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
11/16/18	11/16/18
Date	Date

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30).

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
Voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party; or (4) an individual who is an owner, manager or treasurer for any candidate or political party.

RECEIVED

NOV 06 2018

TIME RECD BY

STARKLOFF BLADEN CO. BD. OF ELECTIONS

WV NC 28337

NICOUNTY

Ballot: G004

E STARKLOFF

M/F 50 Muni: 50

GENERAL

Request for Runoff Request
 For Primary (or Runoff Election) is called, this application and ballot be issued to me check the box to receive eligible ballots.)

or Illness/Disability
 Expected illness or disability, I request that request for absentee ballots for any other his calendar year in which I am eligible to a box to receive eligible ballots.)

able)

and ballots should be mailed

Witnesses' Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an **Unaffiliated** voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 340 HAYFIELD ST.	Street Address (Required) 340 Hayfield Street
City, State and Zip (Required) ELIZABETHTOWN NC 28337	City, State and Zip (Required) Elizabethtown, NC 28337
Date 11/6/18	Date 11/6/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE V2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

all voters; a candidate, UNLESS the candidate is the voter's near relative; (1) an owner, manager, director, or employee of that organization, or who is a campaign manager or treasurer for any candidate or political party; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party.

RECEIVED

NOV 06 2018

PK OFF
TIME REC
ST
WV NC 28337
N COUNTY

Ballot: G004
TARKLOFF
01/P501
GENERAL

Request or Runoff Request
and Primary (or Runoff Election) is called,
this application and ballot be issued to me
check the box to receive eligible ballots.

Witness Disability
I certify that I am not disabled, or I request that
I be considered disabled for any other
reasons, year in which I am eligible to
check the box to receive eligible ballots.

and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered in an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

Witnesses'

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the *secrecy* of the ballot and the *Voter's privacy*, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>John Hays Starnoff</i>	Signature (Required) <i>Carol Dineen Starnoff</i>
Street Address (Required) 3406 Hayfield St.	Street Address (Required) 2206 FIRST AVE
City, State and Zip (Required) Elizabethtown, NC 28337	City, State and Zip (Required) ELIZABETHTOWN, NC 28337
Date 11/6/18	Date 11/6/2018

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the *secrecy* of the ballot and the *privacy* of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].
NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 163-36].

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LYNN STEPHENS
 ID: BRITRD
 SRO, NC-28320

ADEN/COUNTY

Ballot: G001
 LYNN STEPHENS
 D:P202/P202
 016 - GENERAL

Muni:

Early Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me then. (Check the box to receive eligible ballots.)
Request for Illness/Disability
 If I am, or expect to be, ill or disabled, I request that I be a request for absentee ballots for any other held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

(If applicable)
 Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete the Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Jessica K. Dawkins</i>	Signature (Required) <i>R. P. P. P.</i>
Street Address (Required) <i>2766 Twisted Hickory Rd.</i>	Street Address (Required) <i>2766 Twisted Hickory Rd.</i>
City, State and Zip (Required) <i>Elizabeth NC 28337</i>	City, State and Zip (Required) <i>Elizabeth NC 28337</i>
Date <i>10/7/18</i>	Date <i>10/7/18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter _____ personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate, R.S. § 163-20.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHARYN SILER STEVENS
 56 DAVIS FARM RD
 ST. PAULS, NC 28384
 DEM. BLADEN COUNTY

Ballot: G004
 SHARYN SILER STEVENS
 HCTV/D: P60/P60
 11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my Instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

_____ must complete Option 2 of the Witnesses'

10/17/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am assistance because a near relative or verifiable legal guardian, or I am providing assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Della Bailey</i>	Signature (Required) <i>Robt B. King</i>
Street Address (Required) <i>24 Davis Farm Rd.</i>	Street Address (Required) <i>277 Pages Lake Rd</i>
City, State and Zip (Required) <i>St. Pauls NC 28384</i>	City, State and Zip (Required) <i>St Pauls NC 28384</i>
Date <i>10-17-18</i>	Date <i>10-17-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence, according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respect the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108-3)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Returned By Voter 9-27-

VILLIAM C STOGNER
104 MIDWAY DR
BLADENBORO, NC 28320
REP - BLADEN COUNTY



Ballot: G001
VILLIAM C STOGNER
PCT/VTD: P202/P202
11/06/2018 GENERAL

Unit: 20

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

27-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Ray Dean</i>	Signature (Required) <i>Anthony G. G. G.</i>
Street Address (Required) 114 MIDWAY DR	Street Address (Required) 303 PACA ST. (2-H)
City, State and Zip (Required) BLADENBORO NC 28320	City, State and Zip (Required) BLADENBORO NC 28320
Date 9/27/18	Date 9-27-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section)

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 169-3)

STATE OF

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative; **For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHESHIRE STORMS
11 HWY W
DROING 28320
ADEN COUNTY

Ballot # 0001
CHESHIRE STORMS
TD: P202/P202
2018 GENERAL
Munt:

Request for Runoff Request
If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me.
(Check this box to receive eligible ballots.)

Request for Illness/Disability
If I am or expect illness or disability, I request that I be a request for absentee ballots for any other held this calendar year in which I am eligible to check the box to receive eligible ballots.

If applicable
Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ Two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ A notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) _____ Date 31/18

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: - The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____ Address of Assistant _____

X
Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Wendy P. Hester</i>	Signature (Required) <i>Imma Long</i>
Print Address (Required) 3115 Sunset Pl. K Road	Print Address (Required) 1800 North Main St
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 10/31/2018	Date 10/31/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. NC G.S. 163-30

STATE OF _____
COUNTY OF _____

Notary Public

Commission Expires Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

all voters; a candidate, UNLESS the candidate is the voter's near relative; voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that organization; or who is a campaign manager or treasurer for any candidate or political party.

GENE STORMS
ARIST
NC 28320
EN COUNTY

Ballot # 0001
EUGENE STORMS
2011P2011
GENERAL

Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public who must complete Option 2 of the Witnesses' Certification.

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>Brenda Gordon</i>	<i>Kim Jones</i>
Signature (Required)	Signature (Required)
107 West Poplar St	3000 Pinetop Road
Street Address (Required)	Street Address (Required)
Bladenboro NC 28320	Whiteville NC 28477
City, State and Zip (Required)	City, State and Zip (Required)
10-28-18	10/29/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30).

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Fraudulently or False

Chapter 163 of the N.C. General Statutes

The Voters' Certification

For all voters: a candidate, UNLESS the voter is a candidate for a federal, state, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WE STORMS
11 HWY W
JRO NC 28320
ADEN COUNTY

Ballot: G001
LANE STORMS
P202/P202
18 - GENERAL

Munt:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public (the notary must complete Option 2 of the Witnesses' Certification)

Signature (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p>Signature (Required)</p> <p>371 Sunset Park Rd</p> <p>Bladenboro, NC 28320</p> <p>City, State and Zip (Required)</p> <p>10/31/2018</p>	<p>Signature (Required)</p> <p>600 North Main St</p> <p>Bladenboro NC 28320</p> <p>City, State and Zip (Required)</p> <p>10/31/18</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter _____ personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (12-2, § 105-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

NCSBE v2018.02

Absentee Application and Certificate

For all voters: a candidate, UNLESS the candidate is the voter's near relative, facility, (2) an individual who holds any federal, State, or local party or organization or union, or any other political organization.

The following people are PROHIBITED from signing the Witnesses' Certification:

For voters who are patients or residents of a hospital, clinic, nursing home,

Party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 22 1978

TIME
BLADEN CO.

2018 Voters Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. I am voting in this election. If I am an Unaffiliated voter, I am entitled to vote in this election. If I am a Unaffiliated voter, I am voting in a primary election. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ OR
a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (necessary) _____ 10 11 2 10

Signature of voter (required) _____ Date 10-11-2018

Name Correction (if applicable) _____

Voter Assistant Certification (If applicable)
I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____ Address of Assistant _____


Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from voting described in the WARNING on the flap of this envelope • The Voter marked the presence, or caused it to be marked in the Voter's presence according to the Voter signed this Absentee Application and Certificate, or caused it to be the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter [complete Voter Assistant Certification section].

Witness #1	Witness #2
------------	------------

Signature (Required) KELMOR STORMS CLINT STORMS Witness #2

(4-100) KALMAN STORNS Street Address (Required) 200	SIGNATURE Signature (Required) 
--	--

Street Address (Required) 2880 Grayton RD. City, State and Zip (Required)	Street Address (Required) 11903 N.C. 131
--	--

11903 N.C. 131 HWY
City, State and Zip (Required)
10-11-1968
BLADENBORO, N.C. 26326
BLADENBORO, N.C.

Option 2: Notary Public as Witness
(Required Unless Two Individuals)

Notary Public as Witness
(Required Unless Two Witnesses Provided)

certify that: on the _____ day of _____, 20____

Identified and _____

identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked according to his/her instruction. The Voter placed the ballot in the ballot box, or caused it to be placed in the ballot box.

_____, 20__

caused it to be signed. I am at least 18 years old. I am not disqualified from voting as described in the WARNING on the flap of this envelope. I am not disqualified from voting as the Voter, unless I asked the Voter to sign the enclosed ballot, or caused it to be signed.

NOTE: A notary may not charge any fee for witnessing and affixing a notary seal.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters: a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

N.SURLES
 35 DR
 WYN NC 27337
 N.C. COUNTY
 Ballot: G00
 N.SURLES
 01/P501
 GENERAL
 Muni: 50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Courtney Surles</i>	Signature (Required) <i>Kiera M. Surles</i>
Street Address (Required) <i>605 Glenwood Drive</i>	Street Address (Required) <i>308 Britt Street</i>
City, State and Zip (Required) <i>Elizabethtown, N.C.</i>	City, State and Zip (Required) <i>Bladenboro, N.C. 27358</i>
Date <i>11-4-18</i>	Date <i>11-4-2018</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and offering a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-39)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

BRENDA EVERS SYKES
 155 SYKES DR
 BLADENBORO, NC 28320
 UNA BLADEN COUNTY

Ballot: G001
 BRENDA EVERS SYKES
 PCT/VTD: P202/P202 Muni:
 11/06/2018 GENERAL

Signature of Voter (if applicable)

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (if applicable)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Cam C. Sykes</i>	Signature (Required) <i>Elizabeth L. Sykes</i>
Street Address (Required) 96 Sykes Dr	Street Address (Required) 96 Sykes Drive
City, State and Zip (Required) Bladenboro N.C. 28320	City, State and Zip (Required) Bladenboro NC 283
Date 10-14-18	Date 10-14-1

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 104)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes
The following people are PROHIBITED from completing this form:

The following people are PROHIBITED from signing the Witnesses' Certification:
 ESS the candidate is the voter's near relative:

Prohibited Signatories: The following people are **PROHIBITED** from signing the Witnesses' Certification:
 (1) a candidate, UNLESS the candidate is the voter's near relative;
 (2) a voter who is a patient or resident of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that organization; or who is a campaign manager or treasurer for any candidate or political party.

SYKES
HARDY
INC 28320
EN COUNTY
BALLOT GUO
ALL SYKES
02/5/202
GENERAL
Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public / the notary must complete **Option 2 of the Witnesses'**

4. Signature of Robert C. Gurnea

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant

X

Signature of Assistant

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p><i>Dannan B Cagle</i></p> <p>Signature (Required)</p> <p><i>1260 Guyton Rd</i></p> <p>Street Address (Required)</p> <p><i>Bladenboro NC 28320</i></p> <p>City, State and Zip (Required)</p> <p><i>10/8/2018</i></p> <p>Date</p>	<p><i>J. Wayne Cagle</i></p> <p>Signature (Required)</p> <p><i>1260 Guyton Rd</i></p> <p>Street Address (Required)</p> <p><i>Bladenboro NC 28320</i></p> <p>City, State and Zip (Required)</p> <p><i>10-8-2</i></p> <p>Date</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, the Voter, _____, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section, none].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF

COUNTY OF

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MARVIN GENE SYKES
114 MIDWAY DR
BLADENBORO, NC 28320

DEM - BLADEN COUNTY

Ballot G001
MARVIN GENE SYKES
PCT/VTD: P202/P202
11/06/2018 GENERAL

Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete the Option 2 of the Witnesses' Certification)

30-18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p>Signature (Required) <i>Lisa Bratt</i></p> <p>Street Address (Required) 303 Pecan St 3F</p> <p>City, State and Zip (Required) Bladenboro, NC 28320</p> <p>Date 9-30-18</p>	<p>Signature (Required) <i>James R. Slaughter</i></p> <p>Street Address (Required) 216 WEBB FAULKNER</p> <p>City, State and Zip (Required) BLADENBORO, NC 28320</p> <p>Date 9-30-18</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared _____, who was _____ identified, and in my presence, the voter marked the enclosed ballot; or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 1-107)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE y2018.02

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voters' near relative.

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional, district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

REP. - BLADEN COUNTY

PCT/VTD:P202/P202
11/06/2018 - GENE

မှတ်: ၂၀

Am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

OR
complete Section 2 of the Writings

Signature of Voter (Required)

Name Correction (If applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the voter's instruction; and/or I assisted the voter only in the voter's presence • I am assisting because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date _____

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witnessing the described in the WARNING on the flap of this envelope; The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her instructions; The Voter signed this Absentee Application and Certificate, or caused it to be signed, in the secrecy of the ballot and the Voter's privacy, unless assisted by the Voter at his/her complete Voter Assistant Certification session.

• **Waffenbesitz** ist

ॐ नमो भगवते वासुदेवाय ॥

Signature (Required)

Witness
Lisa Brito

401 Edwards Ave
Street Address (Required)

Signature (Required) 303 Pecan St 3F

Blackburn, N.C.

Street Address (Required)
Bladenboro, NC 28301

4-15

2017年12月27日

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____

Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the execution of the WARNING on the flap of this envelope. I respected the secrecy of the ballot and did not assist the Voter in his/her refusal to sign the envelope.

STATE OF

COUNTY OF

Nobury Public

● 城市人口增长

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RA HART TATUM
E OAK METHODIST CHURCH RD
OAK, NC 28398

BLADEN COUNTY



Ballot: 6004
BARRA HART TATUM
VTD: P80/P80
2018 GENERAL
Muni:

Primary Request or Runoff Request
that a Second Primary (or Runoff Election) is called,
at an absentee application and ballot be issued to me
(to meet (Check the box to receive eligible ballots.)

Request for Illness/Disability
Injured or expected illness or disability, I request that
not be a request for absentee ballots for any other
year held the calendar year in which I am eligible to
(Check the box to receive eligible ballots)

or (if applicable)

application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Leo A. L. L. L.</i>	Signature (Required) <i>Robin L. L. L.</i>
Street Address (Required) 115 Live Oak Methodist Church Rd	Street Address (Required) 572 Live Oak Methodist Church Rd
City, State and Zip (Required) White Oak, NC 28399	City, State and Zip (Required) White Oak, NC 28399
Date 10/16/18	Date 10/16/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-36)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) a person who holds any general, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NORMAN LEROY TATUM
 622 WEBB FAULK RD
 BLADENBORO, NC 28320

UNA BLADEN COUNTY



Ballot: G001
 NORMAN LEROY TATUM
 PCT/VTD/P202/P202
 11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ a notary public OR

Name Correction (if applicable)

Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed, or instructed the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)
 J. R. Tatum

Signature (Required)
 W. D. Tatum

Street Address (Required)
 1216 WEBB FAULK RD

Street Address (Required)
 2715 S. Main St

City, State and Zip (Required)
 BLADENBORO, NC 28320

City, State and Zip (Required)
 Bladenboro NC 28320

Date
 10-20-18

Date
 10-20-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified; and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-10)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

SEA

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Wendy S. Little</i>	Signature (Required) <i>Rodney E. Pope</i>
Street Address (Required) <i>2217 Marsh Rd</i>	Street Address (Required) <i>4816 Twisted Hickory Rd</i>
City, State and Zip (Required) <i>Bladenboro, NC 28320</i>	City, State and Zip (Required) <i>Elizabethton NC 28337</i>
Date <i>11-1-18</i>	Date <i>11-1-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, for who is a campaign manager or treasurer for any candidate or political party.

WILLIAM VALBERT TATUM SR
3286 BURNEY RD
WHITE OAK, NC 28399

DEM - BLADEN COUNTY



Ballot: G004
WILLIAM VALBERT TATUM SR
1 PCT/VTD P80/P80 Muhl:
11/06/2018 - GENERAL

Board Approval Date: _____

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable) _____

Address where application and ballots should be mailed _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) _____

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

X
Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Deborah Monroe</i>	Signature (Required) <i>Linda Thomas</i>
Street Address (Required) <i>31 Clyde Hatcher Rd</i>	Street Address (Required) <i>1813 Vine St.</i>
City, State and Zip (Required) <i>Coumery NC 28434</i>	City, State and Zip (Required) <i>Elizabeth NC 28337</i>
Date <i>10-2-18</i>	Date <i>10-12-18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-1)

STATE OF _____

COUNTY OF _____

Notary Public _____

Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

D.J.T.

JAMES TAYLOR
CORS RD
BORO, NC 28320
BLADEN COUNTY

Ballot: G001
JAMES TAYLOR
ID: P15/P16
2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification D.J.T.

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Jandra Dowless</i>	Signature (Required) <i>Jessica Dowless</i>
Street Address (Required) 203 Pican St 3F	Street Address (Required) 2746 Twisted Hickory Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) E-ham N.C. 28337
Date 10-27-18	Date 10/27/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 100-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KATHERINE BAIN TAYLOR
2105 SECOND AVE
ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004

KATHERINE BAIN TAYLOR
PCTV/D: F501/P501
11/08/2018 - GENERAL

Muni: 50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I am unable to complete Option 2 of the Witnesses' Certification.

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Katherine Elizabeth Priest

Dee Priest

Signature (Required)

Signature (Required)

307 Keith Ave

307 Keith Ave

Street Address (Required)

Street Address (Required)

Elizabethtown NC 28337

Elizabethtown NC

City, State and Zip (Required)

City, State and Zip (Required)

10-10-18

10-10-18

Date

Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-10)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For all voters, a candidate, or the following people are PROHIBITED from signing the Witnesses' Certification:

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CELESTINE THOMAS
AGE 57 # 9A
BORO, NC 28320

BLADEN COUNTY

Ballot: G00
CELESTINE THOMAS
DP202/R202 Muni: 20
0181 GENERAL

Primary Request or Runoff Request
If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me to mail (check the box to receive eligible ballots).

Request for Illness/Disability
In the event of expected illness or disability, I request that there be a request for absentee ballots for any other election held this calendar year in which I am eligible to vote.

Application and Ballot should be mailed to:
N.C. 28320

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) BOYCE LARK SS.	Signature (Required) KAREN WHITENOR
Street Address (Required) E. DOWNS, N.C. 28327	Street Address (Required) 57 TILD Rd.
City, State and Zip (Required) 10-12-18	City, State and Zip (Required) Bladenboro NC 28320 10-12-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the 12 day of OCT, 2018, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-37)

STATE OF

COUNTY OF

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization or who is a campaign manager or treasurer for any candidate or political party.

JUAN EVERS THOMAS
 699 HAPPY VALLEY RD
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G004

JUAN EVERS THOMAS
 PCT/VD:P501/P501
 11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☒ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
Street Address (Required)	Street Address (Required)
City, State and Zip (Required)	City, State and Zip (Required)
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses are Used)

I certify that on the 4 day of October, 2018, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I am not disqualified from witnessing the ballot of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section). NOTE: A notary cannot charge any fee for witnessing and attesting a notary seal to an absentee ballot application and certificate. (G.S. § 108-107)

Signature of Notary Public

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ADAM DELANE THOMPSON
 2751 NC 410 HWY
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 ADAM DELANE THOMPSON
 PCT/VTD/P15/P15
 11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter, voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

9-27-18

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked this ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed in the voter's presence. I respected the secrecy of the ballot and the voter's privacy (unless I assisted the voter at his/her request [complete Voter Assistant Certification section]).

Witness #1

Witness #2

James R. Siefert Lisa Bruch
 Signature (Required) Signature (Required)
 216 W E BB FAIR RD 303 Picon St
 Great Address (Required) Great Address (Required)
 BLADENBORO NC 28320 Bladenboro, NC 28320
 City, State and Zip (Required) City, State and Zip (Required)
 9-27-18 9-27-18
 Date Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate (N.C.S. § 1-202).

STATE OF

COUNTY OF

Notary Public

Commission Expiration Date

NC SB 12018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative; for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ALLYSON JANCLIE THOMPSON
3238 GENTER RD
BLADENBORO, NC 28320
UNA BLADEN COUNTY

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the voter's presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Address (Required)

Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in his/her presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed, in the presence of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not share any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF

COUNTY OF

Notary Public

Commission Expires

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters, a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political organization; or who is a campaign manager or treasurer for any candidate or political party.

S. THOMPSON
 HOERD
 NC 28320
 Bladen County

Ballot # 6001
 S. THOMPSON
 1/2501
 GENERAL

Request for Runoff Request
 Second Primary (or Runoff Election) is called.
 Absentee application and ballot be issued to me
 (Check this box to receive eligible ballots.)

For Illness/Disability
 Expected illness or disability, I request that
 I request absentee ballots for any other
 election in this calendar year in which I am eligible to
 vote (Check this box to receive eligible ballots.)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses

(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Signature (Required) Heath William	Signature (Required) [Signature]
Street Address (Required) 2005 Horseshoe Road	Street Address (Required) 2005 Horseshoe Rd
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10/31/18	Date 10/31/18

Option 2: Notary Public as Witness

(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-307)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters; a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that entity; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ST THOMPSON
 HOARD
 NC 28320
 N COUNTY

Ballot 6001
 ST THOMPSON
 01/17/2018
 GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1	Witness #2
Heath William	Heath William
Signature (Required)	Signature (Required)
2005 Horseshoe Road	2005 Horseshoe Rd
Street Address (Required)	Street Address (Required)
Bladenboro, NC 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
10/31/18	10/31/18
Date	Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter, _____ personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 100-302)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CLIFTON VERNON THOMPSON
 3238 CENTER RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: 0001
 CLIFTON VERNON THOMPSON
 PCT/VD: P15/P15 Muni:
 11/08/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

2-11-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her request. • The Voter signed this Absentee Application and Certificate, or caused it to be signed in the presence of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)
 Kasper S. Fason

Signature (Required)
 [Signature]

Street Address (Required)
 401 Edwards Ave

Street Address (Required)
 1001 [Address]

City, State and Zip (Required)
 Bladenboro, NC 28320

City, State and Zip (Required)
 Bladenboro, NC 28320

Date
 10-11-18

Date
 10-11-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).
 NOTE: A notary may not serve as the witness and affix a notary seal to an absentee ballot application or certificate.

STATE OF

COUNTY OF

Notary Public

Commission Expires

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

any voters, a candidate, **UNLESS** the candidate is the voter's near relative;

voters who are patients or residents of a hospital, clinic, nursing home, or adult care home;

(2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political organization; or who is a campaign manager or treasurer for any candidate or political party.

THOMPSON
V
C28320
COUNTY
Muni:
GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

10-23-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Barbara Atkinson	Jill Atkins
Signature (Required)	Signature (Required)
318 North Main St.	318 N Main St
Street Address (Required)	Street Address (Required)
Bladenboro, N.C. 28320	Bladenboro, NC 28320
City, State and Zip (Required)	City, State and Zip (Required)
10-23-18	10/23/18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

all voters; a candidate, UNLESS the candidate is the voter's near relative;
 voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence; or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Barbara Pittkin</i>	Signature (Required) <i>Jeff Pittkin</i>
Street Address (Required) 318 North Main St	Street Address (Required) 318 N Main St
City, State and Zip (Required) Bladenboro, N.C. 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10-23-18	Date 10/23/18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 10A-116-307.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KASSIDY DELANE THOMPSON
2751 NC 416 HWY
BLADENBORO, NC 28320

UNA BLADEN COUNTY



Ballot: G001

KASSIDY DELANE THOMPSON
PG1/NDP15/P15
11/06/2018 GENERAL

Muni.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I am completing Option 2 of the Witnesses' Certification

1/30/18
ME

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instructions; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
<p><i>Kings & Eason</i> Signature (Required)</p> <p>401 Edwards Ave. Street Address (Required)</p> <p>Bladenboro, NC 28320 City, State and Zip (Required)</p> <p>9-30-18 Date</p>	<p><i>Lisa Britt</i> Signature (Required)</p> <p>303 Pican St 3F Street Address (Required)</p> <p>Bladenboro, NC 28320 City, State and Zip (Required)</p> <p>9-30-18 Date</p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the V identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the V's presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. 163-11)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate; UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MILIEA THOMPSON
2946 NC 131 HWY
BLADENBORO, NC 28320

DEM - BLADEN COUNTY



Ballot: G001

MILIEA THOMPSON

PCT/VTD/P202/P202

11/06/2018 GENERAL

Muni:

Signature of Voter (Required)

Second Primary Request or Runoff Request

If the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability

If I am currently or expected to be ill or disabled, I request that my application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to

Name of voter (if applicable)

194 US Hwy 131

absentee application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Sham D. Davis</i>	Signature (Required) <i>Randy Pait</i>
Street Address (Required) 85 Saddle Ridge	Street Address (Required) 12948 US Hwy 131
City, State and Zip (Required) Currie, NC 28435	City, State and Zip (Required) Bladenboro, NC
Date 10/22/18	Date 10/22/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

CHANDOLYN LAYNE TODD
 5106 ABBOTTSBURG RD
 LADENBORO, NC 28320

NA - BLADEN COUNTY



Ballot: G001
 CHANDOLYN LAYNE TODD
 PCT/V D/P10/P10
 11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR



 Date 10/30/18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Shane Todd</i>	Signature (Required) <i>Chandolyn Todd</i>
Street Address (Required) 5106 Abbottsburg Rd.	Street Address (Required) 5106 Abbottsburg Rd.
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10/30/18	Date 10/30/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, described in the WARNING on the flap of this envelope. • I am not disqualified from witnessing the ballot of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 10 S. § 169-3

STATE OF _____

Second Primary Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, request an absentee application and ballot be issued to me if mailed to me. (Check the box to receive eligible ballots.)

Initial Request for Illness/Disability
 If I am continuing or expected illness or disability, I request that my application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

TODD
 TSBURG RD
 NC 28320
 COUNTY

Ballot: G001
 SLE TODD
 0/P 10
 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an **Unaffiliated** voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I am completing Option 2 of the Witnesses' Certification

Sign

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Shane Todd</i>	Signature (Required) <i>Chandelyn Jayne Todd</i>
Street Address (Required) 8506 Abbottsburg Rd.	Street Address (Required) 8506 Abbottsburg Rd.
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10/30/18	Date 10/30/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 19B, § 10B-301.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

SHANE CHARLESTON TODD
 85 OLD ABBOTTSBURG RD
 BLADENBORO, NC 28320
 UNA - BLADEN COUNTY



Ballot: G001
 SHANE CHARLESTON TODD
 PCTV DP10/P10
 11/05/2018 GENERAL

Second Primary Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me if mailed to me. (Check the box to receive eligible ballots.)

Mutual Request for Illness/Disability
 If I am continuing or expected illness or disability, I request that an application be filed for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ a notary public OR a Notary Public of the Witnesses'

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Chandell Lynn Todd</i>	Signature (Required) <i>Shane Charleston Todd</i>
Street Address (Required) 85 Old Abbottsburg Rd -	Street Address (Required) 85 Old Abbottsburg Rd -
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10/30/18	Date 10/30/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-3)

STATE OF

Absentee Application and Certificate

Fraudulently or falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

for all voters: a candidate, UNLESS the candidate is the voter's near relative; for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

NICOLE TOUCHTON
STED HICKORY RD
HICKORY NC 28337

ADEN COUNTY

Ballot: G001
NICOLE TOUCHTON
D-P501/P501 Munt:
018 - GENERAL

Request for Runoff Request
at a Second Primary (or Runoff Election) is called,
in absentee application and ballot be issued to me.
(Check the box to receive eligible ballots.)
Request for Witness/Disability
Due to illness or disability, I request that
I be a request for absentee ballots for any other
held this calendar year in which I am eligible to
check the box to receive eligible ballots.)

(If applicable)

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

if the Witnesses'

1/18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<i>Sandra Dowling</i> Signature (Required)	<i>Jessica Dowling</i> Signature (Required)
303 Kean St 3F Street Address (Required)	2766 Twisted Hickory Street Address (Required)
Bladenboro NC 28320 City, State and Zip (Required)	Rd. E-town NC 28387 City, State and Zip (Required)
10/27/18 Date	10/27/18 Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not share any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. Gen. Stat. § 1-202)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

SEA

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. Gen.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

all voters; a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director,
or (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county
or organization, or who is a campaign manager or treasurer for any candidate or political party.

OWNSEND
RE
28441
COUNTY
Ballot: G004
EN TOWNSEND
46/P46
GENERAL
Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) <i>[Address]</i>	Street Address (Required) <i>[Address]</i>
City, State and Zip (Required) <i>[City, State, Zip]</i>	City, State and Zip (Required) <i>[City, State, Zip]</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. E.S. 5-10B-309.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Ballot: G002
DOROTHY BORDEAUX TOWNSEND
POT/ND/P502/P502
11/06/2018 GENERAL
Munt: 50

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me indicated to me. (Check the box to receive eligible ballots.)

Final Request for Illness/Disability
 In the event that I am unable to appear at the polls, I request that I be allowed to request an absentee ballot for any other election to be held this calendar year in which I am eligible to

Education (Required)
I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X/

Signature of Voter (Required)

Date _____

Name Correction (If applicable)

Assistant Certification (if applicable)
 I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request • I am a complete Voter Assistant Certification section.

Witness #1	Witness #2
many allan Signature (Required) 17745 NE Hwy 87 W Street Address (Required) Far Heat No 28392 City, State and Zip (Required) WA-3-18 Date	Ruthen Owen Signature (Required) 320 meyers st Street Address (Required) BL 12601 ton m City, State and Zip (Required) NC-28337-10-3- Date

Option 2: Notary Public as Witness.
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the _____
 identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the V
 presence according to his/her instruction. The Voter signed this Absentee Application and Certificate
 caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ball
 described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the pr
of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification sec
 NOTE: A notary may not charge any fee for this service.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (U.S. § 17)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

(1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

10-22-18

Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Retta B. Troy

Veronica

SS Troy Willie Dr.

123 Clarks Dr

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Council, NC

10-22-18

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 100-30]

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MATTHEW NICHOLAS TROY
 55 TROY WILLIS DR
 COUNCIL NC 28434

DEM BLADEN COUNTY



Ballot: G002
 MATTHEW NICHOLAS TROY
 PC/IND: P75/P75 Muni:
 11/06/2018 - GENERAL

Second Primary Request or Runoff Request
 I request that a Second Primary (or Runoff Election) be called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I am confined or expected illness or disability. I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Where a poll station and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

NCSBE v2.

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

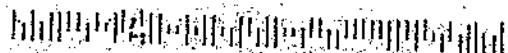
I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Matthew Troy</i>	Signature (Required) <i>Beth R. Troy</i>
Street Address (Required) <i>123 Church Dr</i>	Street Address (Required) <i>55 Troy Willis Dr</i>
City, State and Zip (Required) <i>Council, NC 28434</i>	City, State and Zip (Required) <i>Council, NC</i>
Date <i>10/23/18</i>	Date <i>10-23-18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-4)



SEA

Session Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) a patient or resident of that facility; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RETHA BELL TROY
55 TROY WILLIS DR
COUNCIL NC 28434
DEM - BLADEN COUNTY

Ballot G002
RETHA BELL TROY
PCT/VTD P75/P76
11/06/2018 GENERAL

Muni:

Send Primary Request or Runoff Request
If a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me (mailed to me). (Check the box to receive eligible ballots.)

Request for Illness/Disability
If I am continuing or expected illness or disability, I request that application and request for absentee ballots for any other elections to be held this calendar year in which I am eligible to appear. (Check the box to receive eligible ballots.)

Use of Voter (if applicable)

Is where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

22-18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot, my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Matthew Smy</i>	Signature (Required) <i>W. Monroe</i>
Street Address (Required) 55 Troy Willis Dr	Street Address (Required) 133 Charles Dr
City, State and Zip (Required) Council NC 28434	City, State and Zip (Required) Council, NC 28434
Date 10-22-18	Date 10/22/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-24)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home;
 For voters who are employees of a campaign manager or treasurer for any candidate or political party.

BEVERLY GRAY TYLER
 303 PECAN ST #3E
 BLADENBORO, NC 28320

REP - BLADEN COUNTY



Ballot: G001
 BEVERLY GRAY TYLER
 PCT/VTD P202/P202
 11/06/2018 GENERAL

Mink: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I am completing Option 2 of the Witnesses' Certification

0-11-18
 Date

Name correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing by my presence, or caused it to be marked in the Voter's presence according to his/her request. The voter signed this Absentee Application and Certificate, or caused it to be signed. The voter signed the ballot and the voter's privacy, unless I assisted the voter at this complete Voter Assistant Certification section.

Witness #1

Jenica Dowless

2766 Twisted Hickory Rd

ETOWN N.C. 28337

10/11/18

Witness #2

Sandra Moore

303 Pecan St

Bladenboro, NC 28

10-11-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in the presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I am at least 18 years old. I am not disqualified from witnessing by my presence, or caused it to be marked in the Voter's presence according to his/her request. The voter signed the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____
 COUNTY OF _____

Notary Public

Commission Expires

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JEFFERY LEE TYLER
 110 N NEWTON ST
 ELIZABETHTOWN, NC 28337

REP - BLADEN COUNTY



Ballot: G004
 JEFFERY LEE TYLER
 PGT/VTG:P501/P501
 11/08/2018 - GENERAL

Muni: 50

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an **unaffiliated** voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

on 2 of the Witnesses'

10/14/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assistance because a near relative or verifiable legal guardian, or I am providing assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witnessing the presence, or caused it to be marked in the Voter's presence according to his/her request. The Voter signed this Absentee Application and Certificate, or caused it to be signed; I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required)	Signature (Required)
110 N. Newton St	110 N. Newton St
Street Address (Required)	Street Address (Required)
Elizabethtown	Elizabethtown
City, State and Zip (Required)	City, State and Zip (Required)
NC 28337	NC 28337
Date	Date
10/14/18	10/14/18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, personally appeared before me _____, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in his/her presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the presence of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative.
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JEFFERY LEE TYLER II
 110 N NEWTON ST
 ELIZABETH TOWN, NC 28337
 UNA BLADEN COUNTY

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Date: 10/14/18

Name Correction (if applicable): _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant: _____

Address of Assistant: _____

X



Signature of Assistant: _____

Date: _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the ballot in my presence, or caused it to be marked in the voter's presence according to his/her instructions. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her (complete Voter Assistant Certification section).

Witness #1	Witness #2
 Signature (Required)	 Signature (Required)
<u>110 N. NEWTON ST</u> Street Address (Required)	<u>110 N. NEWTON ST</u> Street Address (Required)
<u>Elizabeth town</u> City, State and Zip (Required)	<u>Elizabeth town</u> City, State and Zip (Required)
<u>NC 28337</u> Date	<u>10-14-18</u> Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, personally appeared before me _____

identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires _____

NCSBE V2018.02

Ballot: G004
 JEFFERY LEE TYLER II
 PCT/VTD: P501/P501
 11/06/2018 GENERAL
 Munk: 50

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable): _____

Address where application and ballots should be mailed: _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters, a candidate, UNLESS the candidate is the voter's near relative, facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

KIMBERLY NASH TYLER
110 N. NEWTON ST.
ELIZABETH TOWN, NC 28337
UNA - ELIZABETH COUNTY



Ballot: G004
KIMBERLY NASH TYLER
PCT/MD:P501/P501
11/06/2018 GENERAL
Muni: 50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter, voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ Two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ 1

witnesses'

11/18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The voter marked the enclosed my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter in his/her complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Kimberly Nash Tyler</i>	Signature (Required) <i>John Nash Tyler</i>
Street Address (Required) 110 N. Newton St.	Street Address (Required) 110 N. Newton St.
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) Elizabethtown NC 28337
Date 11/18	Date 11/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, I personally appeared before me, was identified, and in my presence, the voter marked the enclosed ballot or caused it to be marked in presence according to his/her instruction. The voter signed this Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter in his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and signing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

NCSBE V2018.02

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters, a candidate, UNLESS the candidate is the voter's near relative:
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

(1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot. I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete this Option 1 of the Witnesses' Certification) OR

☐ a

Witnesses

Date

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction Certificate. I assisted the voter only in the Voter's presence. I am assisting because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old; I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope; The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction; The Voter signed this Absentee Application and Certificate, or caused it to be signed; I respected the secrecy of the ballot and the Voter's privacy; unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

NC 28337

10-16-18

NC 28337

10/16/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, the Voter

(identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary must check a box for witnessing and affix a notarial seal to an absentee ballot application or certificate. (N.C. § 163-20)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Completed Application Date

NCSBE v2018.02

NEW TYLER
 100 BULLARD ST
 ELIZABETHTOWN, NC 28337

ELIZABETHTOWN, NC 28337

Ballot: G004

NEW TYLER
 CT/VTD-P601/P601
 1/06/2018 GENERAL

Munt: 50

Check Primary Request or Runoff Request
 If a primary or runoff election is called, the absentee application and ballot will be issued to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 If I am unable to appear in person because of illness or disability, I request that my absentee ballot be mailed to me. (Check the box to receive eligible ballots.)

If Voter is applicable
 Absentee application and ballot should be mailed

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Mon: 50

Date _____

Date _____

St. Hubert Press

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

INDALL
 INUT ST 8A
 ORO NC 28320

ADEN COUNTY

Ballot (Gov)
 TYNDALE
 2022P202
 18 GENERAL

Muni: 20

Request or Runoff Request
 If a Second Primary (or Runoff Election) is called, it is an absentee application and ballot is issued to me. (Check the box to receive eligible ballots.)

Request for Absentee/Disability
 If on expected illness or disability, I request that be a request for absentee ballots for any other held this calendar year in which I am eligible to ask the box to receive eligible ballots.

Signature of Assistant
 Signature of Assistant
 Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Kinger S. Eason	Signature (Required) Daniel Seaton
Street Address (Required) 401 Edwards Ave	Street Address (Required) 176 Webb Farm Rd
City, State and Zip (Required) Bladenboro N.C. 28320	City, State and Zip (Required) Bladenboro N.C. 28320
Date 9-27-18	Date 9-27-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

all voters; a candidate, UNLESS the candidate is the voter's near relative;
 voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that
 facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political
 party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TAYLORVILLE
 WAY
 NC 28433
 IN COUNTY
 Ballot G002
 ESTATE/DALE
 2502/P502
 GENERAL
 Muhl:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ a notary

Witnesses'

18

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <u>Bonnie West</u>	Signature (Required) <u>Heather West</u>
Street Address (Required) <u>1538 Horseshoe Road</u>	Street Address (Required) <u>1538 Horseshoe Road</u>
City, State and Zip (Required) <u>28320</u>	City, State and Zip (Required) <u>Bladenboro, NC 28320</u>
Date <u>10/1/18</u>	Date <u>10/1/18</u>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 25 2018

TIME REC'D
 BLADEN CO. BD. OF

ELENE RAMELIA VARIS
 145 NC 131 HWY
 BLADENBORO NC 28320
 BLADEN COUNTY

Ballot: G001
 ELENE RAMELIA VARIS
 PBT/MTD: 201/P201
 10/25/2018 GENERAL

Muni

Full Name (Date)

Cond Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me (mailed to me). (Check the box to receive eligible ballots.)

Final Request for Illness/Disability
 In the event of an extended illness or disability, I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to appear. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)
 Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>Betty S. Lutz</i>
Street Address (Required) 17145 NC 131 Hwy	Street Address (Required) 17145 NC 131 Hwy
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10/25/2018	Date 10/25/2018

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

It is a Class I felony under Chapter 163 of the N.C. General Statutes to fraudulently or falsely completing this form.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

(1) a candidate, UNLESS the candidate is the voter's near relative; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JEAN VILLARREAL
N.C. 28337
DEN COUNTY

Ballot: G005
JEAN VILLARREAL
502P5021 Muni: 50
GENERAL

Request for Runoff Request
Second Primary (or Runoff Election) is called.
Absentee Application and Ballot be issued to me.
(Check the box to receive eligible ballots.)
Request for Illness/Disability
If expected illness or disability, I request that
a request for absentee ballots for any other
of this calendar year in which I am eligible to
cast my ballot.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.
8/18
Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Joyce McCall	Debbie Thomas
Signature (Required)	Signature (Required)
308 Eastway Ave.	206 Byrd Lane
Street Address (Required)	Street Address (Required)
Elizabethtown NC 28337	Elizabethtown NC 28337
City, State and Zip (Required)	City, State and Zip (Required)
9-28-18	9-28-18
Date	Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter, _____ personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing this ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

VER WARD
 DISTRICT
 CRO, NC 28320
 ADEN COUNTY

Ballot: 0001
 VER WARD
 202/P202
 GENERAL

Muni: 20

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction, and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Wanda Nudham Part</i>	Signature (Required) <i>Rosella N. Part</i>
Street Address (Required) 3074 NC 410 Hwy	Street Address (Required) 3074 NC 410 Hwy
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10-9-2018	Date 10-9-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter personally appeared before me; was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DONNA FAYE WARD
 1558 TARHEEL RD
 TARHEEL NC 28392

REP. BLADEN COUNTY



Ballot: G004
 DONNA FAYE WARD
 PC/VTD/P60/P60
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a _____ of the Witnesses'

Signature of Voter

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am assisting because a near relative or legal guardian is unavailable to assist the voter.

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her request. • The voter signed this Absentee Application and Certificate, or caused it to be signed (complete Voter Assistant Certification section), unless I assisted the voter at his/her request.

Witness #1	Witness #2
Signature (Required) Kellen Hendrix	Signature (Required) Damon R. Smith
Street Address (Required) 1558 Tarheel Rd	Street Address (Required) 1216 WEBA RD
City, State and Zip (Required) Tarheel NC 28392	City, State and Zip (Required) BLADENBURG NC
Date 9/28/18	Date 9/28/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, personally appeared before me, _____, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot.

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Manual Request for Illness/Disability
 In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: A candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ Two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

☐ A notary

OR

_____ of the Witnesses'

X

Signature of Voter

128/18

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 1798 E Hwy 11	Street Address (Required) 1798 E Hwy 11
City, State and Zip (Required) Keller NC 28448	City, State and Zip (Required) Keller NC 28448
Date 10-29-18	Date 10-29-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-3)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

NCSBE v2018.02

GINA PRIEST WARD
 798 NC 11 HWY
 KELLY NC 28448
 NA - BLADEN COUNTY

GINA PRIEST WARD
 PCT/ID P55/P55
 11/06/2018 GENERAL
 Approval Date

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 In the event of continued or expected illness or disability, I request that an absentee application and ballot be issued to me mailed to me. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

all voters, a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public as a witness

Signature of Voter (Required)

9-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Wade Durham Pitt</i>	Signature (Required) <i>Rosetta D. Pitt</i>
Street Address (Required) 3074 NC 410 Hwy	Street Address (Required) 3074 NC 410 Hwy
City, State and Zip (Required) Bladenboro, N.C. 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10-9-2018	Date 10-9-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 10B-37].

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that

facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization or who is a campaign manager or treasurer for any candidate or political party.

RY KENT WARD
2 TWISTED HICKORY RD
ZABETH TOWN, NC 28337

BLADEN COUNTY

Ballot: G001
ERRY KENT WARD
CTA ID: P501/P501
1/08/2018 GENERAL

Muni.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must _____ of the Witnesses)

Name Correction (if applicable): _____

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant _____

Date _____

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Brenda Ward</i>	Signature (Required) <i>James R. Dinkler</i>
Street Address (Required) 2852 Twisted Hickory Rd	Street Address (Required) 216 WEBB FAULK RD
City, State and Zip (Required) Elizabethtown NC 28337	City, State and Zip (Required) BLADENBORO, NC 28337
Date 9-30-18	Date 9-30-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section)

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 163-34)

STATE OF _____

COUNTY OF _____

Notary Public _____

SEAL

Commission Expiration Date _____

(if applicable)

here application and ballots should be mailed.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of voter (required)

Name Correction (if applicable)

10/15/18
Date

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary ~~may not charge any fee~~ for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 13.S. 5-108.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EDWARD WARD

MIDWAY

C-28448

LADEN COUNTY

Ballot # G002

MIDWARD WARD

ID: P55/P55

018 - GENERAL

Munt:

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Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete ~~Section 2 of the~~ Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

10-29-18

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Rene P. Wendt	Signature (Required) Korina Duffin
Street Address (Required) 1798 NC Hwy 11	Street Address (Required) 1798 E Hwy 11
City, State and Zip (Required) Kellie NC 28448	City, State and Zip (Required) Kellie NC 28448
Date 10/28/18	Date 10-28-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or (4) a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 22 2018

TIME REC'D BY: BLADEN CO. BD. OF ELE

NER
E COVE DR
E NC 28337

DEN COUNTY

Ballot G004

NER
P40/P40
GENERAL

Muni: 40

Request or Runoff Request
Second Primary (or Runoff Election) is called.
Absentee application and ballot be issued to me.
(Check the box to receive eligible ballots.)

For Illness/Disability
I request that a request for absentee ballots for any other
I this calendar year in which I am eligible to
the box to receive eligible ballots.)

able)
and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (I)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assistance because a near relative or verifiable legal guardian, or I am providing assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 105-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

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The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SHELBY BAILEY WALKER
 824 LUTHER LONG RD
 ELIZABETH TOWN, NC 28337

ELIZABETH TOWN, NC
 ELIZABETH TOWN



Ballot: G004
 SHELBY BAILEY WALKER
 PC1/VTD/P70/P70
 11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Delores Turner</i>	Signature (Required) <i>Walter Carson</i>
Street Address (Required) <i>W. J. Lane</i>	Street Address (Required) <i>824 Luth. Long Rd</i>
City, State and Zip (Required) <i>CURRIE, N.C. 28435</i>	City, State and Zip (Required) <i>ELIZABETH TOWN, NC 28337</i>
Date <i>10-7-18</i>	Date <i>10-6-18</i>

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the V____ identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the V____ presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the act of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 104-10)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SE

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RUBY WILLIAMS WALLER
 620 MCLEOD ST # 10F
 ELIZABETHTOWN, NC 28337
 DEM - BLADEN COUNTY



Ballot: G002
 RUBY WILLIAMS WALLER
 PCT/VTD: P502/P502
 11/06/2018 GENERAL

Muni: 50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>[Signature]</i>	Signature (Required) <i>[Signature]</i>
Street Address (Required) 123 Charles Dr	Street Address (Required) 820 Mayhew Lane
City, State and Zip (Required) Cowan, NC 28434	City, State and Zip (Required) Elizabethtown NC 28337
Date 10/16/18	Date 10-16-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-90)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

for all voters; a candidate; UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

WALTERS
DEPT. OF
REG. NO. 28320
DEN. COUNTY
BALLOT 0001
IN WALTERS
P202/P202
B - GENERAL
DATE: 9-29-18

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required)

9-29-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) Loretta Delgado	Signature (Required) Cory B. Dene
Street Address (Required) 90 Village St	Street Address (Required) 4471 Old Abbeville Rd
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Bladenboro NC 28320
Date 9-29-18	Date 9-29-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (3.6 § 100-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JOHN WALTERS
 1109 WILLIAMS ST
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY

Ballot: G003
 JOHN WALTERS
 PCT/MTD: P501/P501
 11/08/2018 GENERAL

Mnt: 50

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

Signature of Voter (Required)

10-12-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate* • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

28337 10-12-18
 Date

28337 10-12-18
 Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot, as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 160-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 Due to continued or expected illness or disability, I request that my application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

1109 WILLIAMS ST
 ELIZABETHTOWN, NC 28337

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters, a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

WALTERS
J. PLANT RD
TOWN, NC 28337
DEN COUNTY

Ballot: C003
S. WALTERS
P501/P501
8 - GENERAL

Muni.

Date: _____

Request for Runoff Request
A Second Primary (or Runoff Election) is called, absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

Request for Absentee Ballot
If I am expected to be absent on election day, I request that a request for absentee ballot be issued to me for any other day this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

Applicable) _____

ation and ballots should be mailed _____

Voter's Certification (Required)
I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of voter (required) _____ 3/1/18
Date

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)
I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____ Address of Assistant _____

X
Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Carolyn Scoggins	Signature (Required) Al Scoggins
Street Address (Required) 2531 Peanut Plant Rd	Street Address (Required) 2531 Peanut Plant Rd
City, State and Zip (Required) Elizabethton, TN 37643	City, State and Zip (Required) Elizabethton, TN 37643

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge a fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 163-307)

STATE OF _____

COUNTY OF _____

Notary Public _____

Commission Expiration Date _____

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters, a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

SHAMEEKA YVONNE WASHINGTON
 204 WRIGHT ST # 11
 ELIZABETH TOWN, NC 28337
 DEM - BLADEN COUNTY



Ballot: G004
 SHAMEEKA YVONNE WASHINGTON
 PCT/VD:P501/P501 Muni: 50
 11/06/2018 GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter, voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

2-24-18
 Date

Name Correction (If applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

Witness #1	Witness #2
Signature (Required) <i>Michael Woods</i>	Signature (Required) <i>Andrew H. Louis</i>
Street Address (Required) 27 Ed Burney Road	Street Address (Required) 204 Wright St., 11B
City, State and Zip (Required) Clarkton, NC, 28433	City, State and Zip (Required) Elizabethtown, NC, 28333
Date 10-24-18	Date 10-24-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 163-105]

STATE OF

Second Primary Request or Runoff Request

In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

on all voters; a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or who is a campaign manager or treasurer for any candidate or political party.

SMITH WATKINS
TWE
OWN, NC 28337
JEN COUNTY
Ballot ID: 0004
SMITH WATKINS
P40/P40 Muni.
GENERAL
Date: _____

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required) _____

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant _____

Address of Assistant _____

X

Signature of Assistant _____

Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing this ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
<p>Signature (Required) <u>Thad B. Watkins</u></p> <p>Street Address (Required) <u>60 sandy care</u></p> <p>City, State and Zip (Required) <u>Elizabeth town NC 28537</u></p> <p>Date <u>10/31/18</u></p>	<p>Signature (Required) <u>Robert B. Watkins</u></p> <p>Street Address (Required) <u>2746 NCHay 53 East</u></p> <p>City, State and Zip (Required) <u>Elizabeth town NC 28537</u></p> <p>Date <u>11-1-18</u></p>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: Identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-307)

STATE OF _____

COUNTY OF _____

Notary Public _____

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

for all voters: a candidate, UNLESS the candidate is the voter's near relative;
for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELVEN WAX
VOTE/DR
NC 28444
JEN COUNTY
Muni:
Ballot # 004
CELVEEN WAX
P40/P40
GENERAL
Date: 10/31/18

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate* • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Francis Melvin</i>	Signature (Required) <i>Francis Melvin</i>
Street Address (Required) <i>123 Charles Dr</i>	Street Address (Required) <i>131 Rosindale Rd.</i>
City, State and Zip (Required) <i>Cornell, NC 28434</i>	City, State and Zip (Required) <i>Clarkton N.C 28433</i>
Date <i>10/31/18</i>	Date <i>10/31/18</i>

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MICHAEL LANE WEAVER
 9072 TWISTED HICKORY RD
 BLADENBORO, NC 28320

REP - BLADEN COUNTY

Ballot G00
 MICHAEL LANE WEAVER
 PCT/VD: P10/P16
 11/03/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Date: 12-21-2018

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am assisting because a near relative or verifiable legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. The Voter marked the enclosed my presence, or caused it to be marked in the Voter's presence according to his/her line. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I witnessed the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her complete Voter Assistant Certification section.

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Address (Required)

Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

City, State and Zip (Required)

City, State and Zip (Required)

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City, State and Zip (Required)

City, State and Zip (Required)

City, State and Zip (Required)

City, State and Zip (Required)

NOSBE V2018.02

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

UNA - BLADEN COUNTY

[illegible]

Ballot: G001
TIFFANY LEIGH WEAVER
PCT/VD: P10/P10
11/08/2018 - GENERAL

'Minor'

Information (required)

I am applying for an absentee ballot. I am a duly qualified voter registered as an affiliate of the political party indicated on this application.

All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the **Option 1** of the **Witnesses' Certification**)

☐ a notary public (the notary must complete Option 2 of the Witnesses)

Name Correction (if applicable)

• Dat

Assistance Certification (If applicable)
 I certify that: The Voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am assisting because a near relative or verifiable legal guardian or I am providing assist the Voter.

Name of Assistant _____

Address of Assistant

X
Signature of Assistant

Date _____

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

certify that: • I am at least 18 years old; • I am not disqualified from witnessing as described in the WARNING on the flap of this envelope; • The Voter marked the envelope my presence, or caused it to be marked in the Voter's presence according to his/her instructions; • I am not a family member of the Voter; • I am not a member of the Voter's household; • The Voter signed this Absentee Application and Certificate according to his/her instructions; • The secrecy of the ballot and the Voter's privacy, unless assisted by the Voter, are maintained; • I am not a disqualified person; and • I am not a disqualified person.

Unknown:

Signature (Required)

9072 Twisted Hickory

Business 100 38

City, State and Zip (Required) DATE

11/20/82

Signature (Required) _____

3	Street Address (Mandatory)	
---	----------------------------	--

Myrtlewood NC

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____

Identified, and in my presence, the Voter marked the enclosed ballot or caused it to be marked in my presence according to his/her instruction. The Voter signed this Absentee Application and caused it to be signed by me, at least 18 years old, I am not disqualified from witnessing as described in the WARNING on the flap of this envelope. I am not disqualified from witnessing the Voter, unless I assisted the Voter in marking the ballot. I inspected the secrecy of the ballot and

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate.

COUNTY OF _____

— **Madame Justice**

Figure 1

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

for all voters: a candidate, UNLESS the candidate is the voter's near relative;
for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Tamara Moore	Jerry Webb
Signature (Required)	Signature (Required)
Tamara Moore	Jerry Webb
Street Address (Required)	Street Address (Required)
1222 Kennedy Store Road	1222 Kennedy Store Rd
City, State and Zip (Required)	City, State and Zip (Required)
Riegelwood NC 28450	Riegelwood NC 28450
Date	Date
10/28/18	10/28/18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters, a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

JAN WEBB
 BY STORE RD
 DD NC 28456
 DEN COUNTY
 Ballot G002
 NATHAN WEBB
 D: P30/P30
 018 - GENERAL
 Muni:
 Date:

Request for Runoff Request
 A Second Primary (or Runoff Election) is called. Absentee Application and ballot be issued to me (check the box to receive eligible ballots.)
Request for Illness/Disability
 I am expected illness or disability. I request that I be allowed to request absentee ballots for any other election this calendar year in which I am eligible to vote (check the box to receive eligible ballots.)
 (If applicable, please provide details.)
 Application and ballot should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification).

Signature of voter (required)

2/28/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Tamara Moore	Missouri Webb
Signature (Required)	Signature (Required)
Tamara Moore	Missouri Webb
Street Address (Required)	Street Address (Required)
1222 Kennedy Store Road	1222 Kennedy Store Rd
City, State and Zip (Required)	City, State and Zip (Required)
Riegelwood NC 28456	Riegelwood NC 28456
Date	Date
10/28/18	10/28/18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the voter identified, and in my presence, the voter marked the enclosed ballot; or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C.S. § 100-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

• **all voters**; a candidate, **UNLESS** the candidate is the voter's near relative;
 • **or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home**; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

MITCHELL WELLS
 IN
 NC 28337
 EN COUNTY
 Ballot: 0004
 MITCHELL WELLS
 30/P40
 GENERAL
 Date: _____

Request for Runoff Request
 Second Primary (or Runoff Election) is called.
 Absentee Application and ballot be issued to me
 5. Check the box to receive eligible ballots.
Request for Runoff Request
 If expected illness or disability, I request that
 a request for absentee ballots for any other
 within this calendar year in which I am eligible to
 check the box to receive eligible ballots.)

Don and ballots should be mailed.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X
 Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>James Wells</i>	Signature (Required) <i>Albert J. Fynn</i>
Street Address (Required) 4229 Gray Lane	Street Address (Required) 89 River Bend Lane
City, State and Zip (Required) Eden, NC 27337	City, State and Zip (Required) Wanchese, NC 28547
Date 11/2/18	Date 11/02/18

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 105-39)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

762 of 796

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WELDON
 COLLEGE ST. 1A
 WNC 28433

BLADEN COUNTY



Ballot: G003
 WELDON
 TAVD: P25/P25
 10/6/2018 GENERAL

Muni: 25

Invalid Date

Primary Request or Runoff Request
 (If a Second Primary, or Runoff Election is called, an absentee application and ballot be issued to me and me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 (If I am expected illness or disability, I request that I be provided an absentee ballot for any other date held this calendar year in which I am eligible to vote. (Check the box to receive eligible ballots.)

(If applicable)

Application and Ballots should be mailed

Voter's Certification (Required)
 I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Date: 10-9-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)
 I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: _____ Address of Assistant: _____
 X
 Signature of Assistant: _____ Date: _____

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <u>DEROZAH MONROE</u>	Signature (Required) <u>Debra Woods</u>
Street Address (Required) <u>81 Clyde Hatch Rd</u>	Street Address (Required) <u>1084 Hwy 5 DR</u>
City, State and Zip (Required) <u>COUNCIL NC 28434</u>	City, State and Zip (Required) <u>ELIZABETH NC 28337</u>
Date <u>10-9-18</u>	Date <u>10/9/18</u>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affording a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____
 COUNTY OF _____
 Notary Public: _____
 Commission Expiration Date: _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

or all voters, a candidate, UNLESS the candidate is the voter's near relative;
or voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

LEWIS
 BESS ROBERT
 DRO NC 28320
 ADEN COUNTY

Ballot: G001
 (EMAE WEST
 ID: P501/P501
 2018 - GENERAL
 Muni:

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election • I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate* • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) <i>Nancy D. O'Neal</i>	Signature (Required) <i>Alvin L. O'Neal</i>
Street Address (Required) <i>101 Windmill Way</i>	Street Address (Required) <i>1538 Harsham Rd</i>
City, State and Zip (Required) <i>C. Fulton, NC 28433</i>	City, State and Zip (Required) <i>Bladenboro, N.C. 28320</i>
Date <i>10/5/18</i>	Date <i>10/5/18</i>

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-303)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date _____

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JARED ALEXANDER WEST
 19072 TWISTED HICKORY RD
 BLADENBORO, NC 28320

UNA BLADEN COUNTY.



Ballot: G001
 JARED ALEXANDER WEST
 PC1/VDP10/P10
 11/06/2018 GENERAL

Muni:

Board Approval Date:

Second Primary Request or Runoff Request

I request that a Second Primary (or Runoff Election) be called. I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability

Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10/21/2018
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instructions; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ball my presence, or caused it to be marked in the Voter's presence according to his/her instructions. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request. (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) <i>Michael Weaver</i>	Signature (Required) <i>William Weaver</i>
Street Address (Required) 9072 Twisted Hickory Rd	Street Address (Required) 9072 Twisted Hickory Rd
City, State and Zip (Required) Bladenboro, NC 28320	City, State and Zip (Required) Bladenboro, NC 28320
Date 10/21/2018	Date 10/21/2018

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the presence according to his/her instructions. • The Voter signed this Absentee Application and Certificate caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the of the Voter, unless I assisted the Voter at his/her request. (complete Voter Assistant Certification section)

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-18.1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

OCT 03 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

☒ Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1	Witness #2
Signature (Required) Penelope W. Webster	Signature (Required) Maura White
Street Address (Required) 15020 NC Hwy 242.5	Street Address (Required) 2181 3rd Ave
City, State and Zip (Required) Bladenboro NC 28320	City, State and Zip (Required) Elizabethtown VA
Date 10-2-18	Date 10-2-18

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-1)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEA

NCSBE v2018.02

LOUISE AUTRY WHITE
602 VILLAGE ST
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: 000
LOUISE AUTRY WHITE
EC: AVID: P202/P202
11/06/2018 - GENERAL

Muni: 20

Second Primary Request or Runoff Request
In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. Code.

The following people are **PROHIBITED** from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or other facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct party or organization, or who is a campaign manager or treasurer for any candidate or political party.

CHARLES THOMAS WHITFIELD
 10759 S. COLLEGE ST. # 1E
 CLARKTON, NC 28433

DEM - BLADEN COUNTY



Ballot: G003
 CHARLES THOMAS WHITFIELD
 PCN/ID: P25/P25 Muni: 25
 11/08/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR

☐ a notary public (the notary must complete the Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

Witness #1	Witness #2
Signature (Required) DEBORAH MONROE	Signature (Required) Landon Hester
Street Address (Required) 814 De Hatcher St	Street Address (Required) 1813 Vain St.
City, State and Zip (Required) Carrboro, NC 28434	City, State and Zip (Required) Elizabeth, NC 28337
Date 10-2-18	Date 10-2-18

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).
 NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 105-2)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, nursing home, or other long-term care facility: a candidate, **UNLESS** the candidate is the voter's near relative.

The following people are PROHIBITED from signing the Witnesses' Certification:

party or organization; or who is a campaign manager or treasurer for any candidate or political party.

DEM - BRADEN COUNTY



INEZWEITTED

PCT/VTD:P35/P35

11/06/2018 - GENERAL

CPA 2000-1109

主編

cond Primary Request of

quest that an absentee applica-

mailed to me. (Check the box)

Annual Request for Illness

to continued or expected illness or disability, he is eligible for

ations to be held this calendar

Corporate: (Check the box to receive) ☐

10-10-58

SECRET

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

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I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

☐ a notary public (the notary must complete Option 2 of the Witnesses Certification)

Name Correction (if applicable)

Date _____

Voter Assistant Certification (If applicable)
I certify that: The voter

Voter Assistant Certification (if applicable)
 I verify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian • I am assisting because a near relative or legal guardian is unavailable to assist the Voter.

Name of Applicant: _____

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from voting described in the WARNING on the flap of this envelope • The Voter marked my presence, or caused it to be marked in the Voter's presence according to The Voter signed this Absentee Application and Certificate, or caused it to be signed, or caused it to be marked in the Voter's presence according to the secret of the ballot and the Voter's privacy, unless I assisted the Voter to complete Voter Assistant Certification section.

Wilkinson

Witnesses:

John Platt

Signature (Required)
[Signature]

Street Address (Required)
Calvin Hill

City, State and Zip (Required)

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____ at _____
identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be
presence according to his/her instruction . The Voter signed this Absentee Application
caused it to be signed . I am at least 18 years old , I am not disqualified from voting as
described in the WARNING on the flap of this envelope , I am not disqualified from voting by reason
of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant section]

NOTE : A notary may not charge any fee for performing this duty.

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot envelope.

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are **PROHIBITED** from signing the Witnesses' Certification:

all voters; a candidate, UNLESS the candidate is the voter's near relative;
voters who are patients for residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. • All information represented on this application is correct. • I am entitled to vote in this election. • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses')

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE 2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required)
<i>Dominic C. Whitte</i> | Signature (Required)
<i>Kevin</i> |
| Street Address (Required)
<i>520 Frank Street</i> | Street Address (Required)
<i>1813 Vines St</i> |
| City, State and Zip (Required)
<i>Eden, NC 28537</i> | City, State and Zip (Required)
<i>Eden, NC 28537</i> |
| Date
<i>10-24-18</i> | Date
<i>10-24-18</i> |

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter: _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 109-30).

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

for all voters: a candidate, UNLESS the candidate is the voter's near relative;
 for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

WELFINGTON
 IN DR
 WVN NC 28337
 EN COUNTY

Ballot E004
 RE WELFINGTON
 P501P501
 81 GENERAL

Date:

Request for Runoff Request
 A Second Primary (or Runoff Election) is called, Absentee Application and ballot be issued to me (check this box to receive eligible ballots.)

Request for Runoff Request
 I am requesting an absentee ballot for any other election held in this calendar year in which I am eligible to vote (check this box to receive eligible ballots.)

Applicable:

Application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a voter assistant who is not disqualified by law to assist the voter (the voter assistant must complete the Option 2 of the Witnesses' Certification)

10/27/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

| Witness #1 | Witness #2 |
|--|--|
| Signature (Required)
<i>Sandra Kevin</i> | Signature (Required)
<i>Lela Woods</i> |
| Street Address (Required)
<i>1613 Kevin St</i> | Street Address (Required)
<i>108 Lewis Dr</i> |
| City, State and Zip (Required)
<i>Elizabethton NC 28337</i> | City, State and Zip (Required)
<i>Elizabethton NC 28337</i> |
| Date
<i>10-27-18</i> | Date
<i>10/27/18</i> |

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, _____, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-302)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a state, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

OCT 27 2018

PAULETTE WILDS
 209 MERCER MILL RD # 2L
 ELIZABETH TOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G005
 PAULETTE WILDS
 PC#VID:P502/P502
 11/05/2018 - GENERAL

Muni: 50

Voter's Certification (Required) TIME

I am applying for an absentee ballot. I am a duly qualified voter registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ I must complete Option 2 of the Witnesses'

Name Correction (If applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Sandra Guigas

Name of Assistant

1813 Vine St Elizabeth town NC 28337

Address of Assistant

X Sandra Guigas

Signature of Assistant

10-25-18

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respect the secrecy of the ballot and the Voter's privacy; unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required)
<i>Ana L. Guigas</i> | Signature (Required)
<i>Rola W. Guigas</i> |
| Street Address (Required)
1813 Vine St | Street Address (Required)
1086 Lenoir Dr |
| City, State and Zip (Required)
Elizabeth town NC 28337 | City, State and Zip (Required)
Elizabeth town NC 28337 |
| Date
10-25-18 | Date
10/25/18 |

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-10)

STATE OF _____
 COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

for all voters; a candidate, UNLESS the candidate is the voter's near relative;
 for voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

UNDERRELIWIKI
 ITSCT
 00 NC 28456
 ADEN COUNTY
 Ballot G002
 UNDERRELIWIKI
 P30/P30
 6 GENERAL
 Munt:
 Date: 11-3-18

Voter's Certification (Required)

I am applying for an absentee ballot • I am a duly qualified voter, registered as an affiliate of the political party indicated on this application • All information represented on this application is correct • I am entitled to vote in this election • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
 OR
☐ a notary public (the notary must complete Option 2 of the Witnesses'

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate • I assisted the voter only in the voter's presence • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Pamela Denise Long 65 King Tuts Ct
 Name of Assistant Address of Assistant

Khush Prime Ray
 Signature of Assistant

11-3-18
 Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

| Witness #1 | Witness #2 |
|--------------------------------|--------------------------------|
| <u>Carol Graham</u> | <u>Fanne Long</u> |
| Signature (Required) | Signature (Required) |
| <u>65 King Tuts Ct</u> | <u>2653 E. Arcadia Rd</u> |
| Street Address (Required) | Street Address (Required) |
| <u>Riegelwood NC 28456</u> | <u>Riegelwood NC 28456</u> |
| City, State and Zip (Required) | City, State and Zip (Required) |
| <u>11-3-18</u> | <u>11-3-18</u> |
| Date | Date |

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction • The voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. [G.S. § 105-30].

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party; or organization, for who is a campaign manager or treasurer for any candidate or political party.

MONICA ALISSA WILKES
 2305 GUYTON RD
 BLADENBORO, NC 28320
 UNA - BLADEN COUNTY

Ballot G001
 MONICA ALISSA WILKES
 PCTA ID: P202/P202
 11/06/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the *Witnesses' Certification*).

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*).

 Signature of Voter (Required)

10-1-18
 Date

 Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I am assisting the voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. I assisted the Voter only in the Voter's presence. I am assisting because a near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

BLADEN CO. BD. OF ELECTIONS

 Name of Assistant

 Address of Assistant

X
 Signature of Assistant

 Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instructions. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|---|---|
| <i>Andrea Henery</i>
Signature (Required) | <i>Scott Henery</i>
Signature (Required) |
| 2305 Guyton Rd
Street Address (Required) | 2305 Guyton Rd
Street Address (Required) |
| Bladenboro NC 28320
City, State and Zip (Required) | Bladenboro NC 28320
City, State and Zip (Required) |
| 10-1-18
Date | 10-1-18
Date |

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 10-6, § 101

STATE OF _____

COUNTY OF _____

 Notary Public

 Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, **UNLESS** the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JAMES S. GLENN WILKINS
82 MAIN ST
HEELING NC 28392

BLADEN COUNTY

Ballot: 6004
JAMES GLENN WILKINS
CT/VD:P60/P60
1/06/2018 GENERAL

Muni: 60

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification);
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

7-18
Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am assisting because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate for caused it to be signed in the presence of the voter and the voter's privacy, unless assisted the voter at complete Voter Assistant Certification section).

| Witness #1 | Witness #2 |
|--|---|
| Kelly Hendrix
Signature (Required)
1568 Heel Rd
Street Address (Required)
Heel NC 28392
City, State and Zip (Required) | Rose But
Signature (Required)
303 Pecan St
Street Address (Required)
Bladenboro NC
City, State and Zip (Required) |
| 10/7/18
Date | 10/7/18
Date |

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, I personally appeared before me, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in my presence according to his/her instruction. The voter signed this Absentee Application and Certificate for caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary must not receive any fee for this service.

Second Primary Request or Runoff Request
In this election, a Second Primary (or Runoff Election) is called. I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
Due to a continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

of all voters; a candidate; **UNLESS** the candidate is the voter's near relative; (1) an owner, manager, director, or employee of that entity; (2) an individual who holds any federal, state, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

OCT 05 2018

TIME _____ REC'D BY _____
BLADEN COUNTY ELECTIONS

SWILLIAMS
SWILLIAMS
C NC 28320
ENIG COUNTRY



Ballot: G001
SWILLIAMS
VP201
GENERAL

Request for Runoff Request
Second Primary (or Runoff Election) is called, absentee application and ballot is issued to me. (Check the box to receive eligible ballots.)

Request for Disability
Expected illness or disability. I request that I be provided absentee ballots for any other time during any year in which I am eligible to vote to receive eligible ballots.

front ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

-5-2018

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request. (complete Voter Assistant Certification section).

| Witness #1 | Witness #2 |
|--|--|
| Signature (Required)
<i>Valeria Leacock McKay</i> | Signature (Required)
<i>Christopher J. Walker</i> |
| Street Address (Required)
943 Rice Rd | Street Address (Required)
592 Burrey Rd |
| City, State and Zip (Required)
Whiteville, NC 28472 | City, State and Zip (Required)
Whiteville, NC 28472 |
| Date
10-5-18 | Date
10-5-18 |

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request. (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSCB 2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

1) all voters or candidates UNLESS the candidate is the voter's near relative;
2) an individual who holds any federal, State, or local elective office; and **(3) an individual who holds office in a State, congressional district, county or precinct political party or organization or who is a campaign manager or treasurer for any candidate or political party.**

Witnesses' Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. The information represented on this application is correct. I am entitled to vote in the election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached ballot. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses'

2/30/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

| Witness #1 | Witness #2 |
|--|--|
| Signature (Required)
<i>Sheila Brummett</i> | Signature (Required)
<i>Paul John</i> |
| Street Address (Required)
53 Sand Pit Rd. | Street Address (Required)
293 Sandhill Loop Rd. |
| City, State and Zip (Required)
E-town, NC 28337 | City, State and Zip (Required)
E-town, NC 28337 |
| Date
10/31/18 | Date
10/31/18 |

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 10B-302)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

on all voters; a candidate, UNLESS the candidate is the voter's near relative;
on voters who are patients or residents of a hospital, clinic, nursing home, or adult care home; (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☒ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: Jewell L. Smith Address of Assistant: 701 Fox St Elizabethtown

Signature of Assistant: X. Jewell L. Smith Date: 11-3-18

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

| Witness #1 | Witness #2 |
|--------------------------------|--------------------------------|
| Signature (Required) | Signature (Required) |
| Street Address (Required) | Street Address (Required) |
| City, State and Zip (Required) | City, State and Zip (Required) |
| Date | Date |

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the 3rd day of November, 2018, this Voter, Melvin Williams, personally appeared before me, Bladen County, identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTES: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10-20)

STATE OF NC
COUNTY OF Bladen

R. Kenneth Brown
Notary Public
Commission Expires on Date 11/3/20

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

NONALEE BURDEN WILLIAMS
 152 BURDEN RD
 FARMHILL NC 28392

DEM - BLADEN COUNTY



Ballot: G001

NONALEE BURDEN WILLIAMS
 PC/M/D/15/P/15 Muni:
 11/03/2015 GENERAL

Ballot Approval Date

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Usual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Nature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Lola Whitten 108 Lewis DR
 Name of Assistant Address of Assistant

X Lola Whitten
 Signature of Assistant

10/16/18
 Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

| Witness #1 | Witness #2 |
|--------------------------------|--------------------------------|
| DEBORAH M. MURPHY | Sandra Harris |
| Signature (Required) | Signature (Required) |
| 91 City of Farmhill Rd | 193 Yule St. |
| Street Address (Required) | Street Address (Required) |
| Farmhill NC 28434 | Elizabethton NC 38337 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-16-18 | 10-16-18 |
| Date | Date |

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-3)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

VIVIAN DELORES WILLIAMS
 113 WHITE OAK RD
 KELLY NC 28448

DEM. BLADEN COUNTY



Ballot: G002
 VIVIAN DELORES WILLIAMS
 PCT/VTD P55/P55 Muni.
 11/03/2018 GENERAL

Signature of Voter

Second Primary Request or Runoff Request
 This election is a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me (Check the box to receive eligible ballots.)

Request for Illness/Disability
 I am continuing or expected illness or disability. I request that an absentee application and ballot be issued to me for any other election to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If applicable)
 11374

Where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

| Witness #1 | Witness #2 |
|--------------------------------|--------------------------------|
| Edna Thompson | Wendy Sineko |
| Signature (Required) | Signature (Required) |
| Edna Thompson | 63-26, 99th St #4-K |
| Street Address (Required) | Street Address (Required) |
| 9823 HORACE PARK BLVD | Wendy Sineko |
| City, State and Zip (Required) | City, State and Zip (Required) |
| CORONA, NY 11374 | Rego Park, NY 11374 |

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 105-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

DERRICK WILLIS
 7095 AIRPORT RD
 CLARKTON, NC 28433

DEM. BLADEN COUNTY



Ballot: G002

DERRICK WILLIS
 ELECTION ID: P75/P75
 11/05/2018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

7-24-18
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required)
<i>James C. Willis</i> | Signature (Required)
<i>James C. Willis</i> |
| Street Address (Required)
261 White Plains Ch Rd | Street Address (Required)
123 Charles Dr |
| City, State and Zip (Required)
Clarkton NC 28433 | City, State and Zip (Required)
Clarkton NC 28433 |
| Date
10-24-18 | Date
10/24/18 |

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 100-9)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE V2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party, or organization; or who is a campaign manager or treasurer for any candidate or political party.

JENEAN WILLIS
753 CLYDE HATCHER RD
COUNCIL, NC 28434

DEM - BLADEN COUNTY



Ballot: G002

JENEAN WILLIS
PCT/VTD: P75/P75
1/08/2018 GENERAL

Muni:

And Approval Date:

Second Primary Request or Runoff Request

(The event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me by mailed to me.) (Check the box to receive eligible ballots.)

Initial Request for Illness/Disability

(Due to continued or expected illness or disability, I request that my application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate.) (Check the box to receive eligible ballots.)

Nature of Voter (If applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10-20-18

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

| Witness #1 | Witness #2 |
|--------------------------------|--------------------------------|
| <i>James H. H.</i> | <i>Boyle Willis</i> |
| Signature (Required) | Signature (Required) |
| 123 Charles DR | 843 Clyde Rd |
| Street Address (Required) | Street Address (Required) |
| Council, NC | Council, NC |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/20/18 | 10/20/18 |
| Date | Date |

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 109-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROCHELLE WILLIS
 854 CLYDE HATCHER RD
 COUNCIL, NC 28434

DEM - BLADEN COUNTY

Ballot: G002
 ROCHELLE WILLIS
 PC IV D E75/P75
 11/05/2018 GENERAL

Second Primary Request or Runoff Request
 (The event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me if mailed to me. (Check the box to receive eligible ballots.)

Request for Illness/Disability
 (If you are continuing or expected illness or disability, I request that an application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (If Applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

Name Correction (if applicable)

10-20-18
 Date

Voter Assistant Certification (if applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

| Witness #1 | Witness #2 |
|--|---|
| Signature (Required)
<i>W. Morris</i> | Signature (Required)
<i>Rochelle Willis</i> |
| Street Address (Required)
<i>123 Charles Dr</i> | Signature (Required)
<i>Council</i> |
| City, State and Zip (Required)
<i>Council, NC</i> | Street Address (Required)
<i>815 Clyde Hatcher</i> |
| Date
<i>10/20/18</i> | City, State and Zip (Required)
<i>10/18/20</i> |

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not share any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 100-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ROXIE CROMARTIE WILLIS
 843 CLYDE HATCHER RD
 COUNCIL NC 28434

DEM BLADEN COUNTY



Ballot: G002
 ROXIE CROMARTIE WILLIS
 ECW D P75/P75
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a Notary Public as witness (the Notary must complete Option 2 of the Witnesses' Certification)

2018
 Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

| Witness #1 | Witness #2 |
|--|--|
| Signature (Required)
<i>Charles</i> | Signature (Required)
<i>Rochelle Willis</i> |
| Street Address (Required)
123 Charles Dr | Street Address (Required)
854 Clyde Hatcher Rd |
| City, State and Zip (Required)
Council NC | City, State and Zip (Required)
Council NC 28434 |
| Date
10/20/18 | Date
10-20-18 |

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate, (N.C. § 163-109).

STATE OF _____

COUNTY OF _____

Notary Public

SEA

Commission Expiration Date

NCSBE v2018.02

Second Primary Request or Runoff Request
 In the event that a Second Primary (or Runoff Election) is called, I request that an absentee application and ballot be issued to me and mailed to me. (Check the box to receive eligible ballots.)

Annual Request for Illness/Disability
 Due to continued or expected illness or disability, I request that this application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Nature of Voter (if applicable)

Address where application and ballots should be mailed

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

SYLVESTER WILLIS
TROY WILLIS DR
COUNCIL NC 28434

ME BLADEN COUNTY

Ballot: G002
SYLVESTER WILLIS
PCT/NTD:P75/P75
11/06/2018 - GENERAL

Muni:

Approval Date:

Cond Primary Request or Runoff Request

In event that a Second Primary (or Runoff Election) is called, request that an absentee application and ballot be issued to me (I mailed to him). (Check the box to receive eligible ballots.)

Request for Illness/Disability

In continued or expected illness or disability, I request that application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. (Check the box to receive eligible ballots.)

Signature of Voter (if applicable)

Address where application and ballots should be mailed

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

| Witness #1 | Witness #2 |
|--------------------------------|--------------------------------|
| <i>Witness #1 Signature</i> | <i>Witness #2 Signature</i> |
| Signature (Required) | Signature (Required) |
| 123 Charles Dr | 753 Clyde Hatcher |
| Street Address (Required) | Street Address (Required) |
| Council, NC | Council |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10/20/18 | NC 28434 |
| Date | Date |

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter _____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. N.C. § 10B-3C

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely Obtaining an Absentee Ballot is a Class I felony under Chapter 163 of the N.C. General Statutes

PROHIBITED from signing the Witnesses' Certification:

or all voters: a candidate, UNLESS the candidate is a candidate for a local office; **or voters who are patients or residents of a hospital, nursing home, or adult care home:** (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete this Option 1 of the *Witnesses' Certification*)

OR

☐ a notary public (the notary must complete Option 2 of the *Witnesses' Certification*)

X

Signature

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the *Absentee Application and Certificate*. • I assisted the voter only in the voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

| Witness #1 | Witness #2 |
|--------------------------------|--------------------------------|
| <u>Lola Woots</u> | <u>Sam Hume</u> |
| Signature (Required) | Signature (Required) |
| <u>108 Lewis Dr</u> | <u>1813 Kline St</u> |
| Street Address (Required) | Street Address (Required) |
| <u>Elizabeth Town NC 28337</u> | <u>Elizabeth NC 28337</u> |
| City, State and Zip (Required) | City, State and Zip (Required) |
| <u>11/1/18</u> | <u>11-1-18</u> |
| Date | Date |

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter: identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the voter. unless I assisted the voter at his/her request [complete *Voter Assistant Certification* section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 16B-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date: _____

SEAL

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

Small voters: a candidate, UNLESS the candidate is the voter's near relative;
of voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.


 Bailot G002
 RIGHT
 2/P502
 GENERAL

Request for Runoff Request
Second Primary (or Runoff Election) is called,
 absentee application and ballot be issued to me
(Check the box to receive eligible ballots.)

For Illness/Disability:
If expected illness or disability, I request that
I be requested for absentee ballots for any other
for this calendar year in which am eligible to
(one box to receive eligible ballots.)

tion and ballots should be mailed

Offer: Carcassation (Required)

☐ I am voting as a **Provisional** voter. I am a duly qualified voter, registered in the political party indicated on this application and I believe the information on this application is correct. I am entitled to vote.

☐ I am an **Unaffiliated** voter voting in a primary election in the party primary indicated on the attached ballot paper. (I am a U.S. citizen, I am 18 years old or older, I am a resident of the State of Utah, I am a resident of the county where I am voting) (UNA), I am voting a nonpartisan ballot.

I solemnly swear that I marked the enclosed ballot (or it was marked for me) according to my instructions) in the presence of:

witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Cert.)

Signature of Voter _____

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: * The voter requested my assistance * I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate * I assisted the Voter only in the Voter's presence * I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

109 Women 108 Lewis St Estover
 Name of Assistant Address of Assistant 2833T
 x Lohal [Signature] 11/1/18
 Signature of Assistant Date

NCSEB v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public Is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction • The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

| Witness #1 | Witness #2 |
|--------------------------------|--------------------------------|
| <i>Johnnie</i> | <i>Lash</i> |
| Signature (Required) | Signature (Required) |
| <i>1010 W DR</i> | <i>1813 W 4th</i> |
| Street Address (Required) | Street Address (Required) |
| <i>Elizabethton NC 28337</i> | <i>Elizabethton NC 28337</i> |
| City, State and Zip (Required) | City, State and Zip (Required) |
| <i>11/1/18</i> | <i>11-1-18</i> |
| Date | Date |

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that, on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (C.S. § 10B-301)

STATE OF _____
COUNTY OF _____

Notary Public

Consolidation Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

EARNESTINE PERRY WRIGHT
 315 MCLEOD ST #9D
 ELIZABETHTOWN, NC 28337

DEM - BLADEN COUNTY



Ballot: G002
 EARNESTINE PERRY WRIGHT
 PCT/VD:P502/P502 Muni: 50
 11/06/2018 - GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Original signature of voter
 Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate • I assisted the Voter only in the Voter's presence • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

| Witness #1 | Witness #2 |
|--|--|
| Signature (Required)
<i>Shirley Cherry</i> | Signature (Required)
<i>Wendy</i> |
| Street Address (Required)
820 McLeath Lane | Street Address (Required)
123 Charles Dr |
| City, State and Zip (Required)
Elizabethtown N.C. 28337 | City, State and Zip (Required)
Greenville, NC |
| Date
10-16-18 | Date
10/16/18 |

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed • I am at least 18 years old • I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section]

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 108-3)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

JANICE RUTH WRIGHT
 64 BAXLEY AND WRIGHT LN
 BLADENBORO, NC 28320
 REP. BLADEN COUNTY



Ballot: G001
 JANICE RUTH WRIGHT
 PCT/VTD P201/P201 Muni:
 1/06/2018 GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Name Correction (if applicable) _____

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant _____ Address of Assistant _____
 X
 Signature of Assistant _____ Date _____

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

| Witness #1 | Witness #2 |
|--------------------------------|--------------------------------|
| Shirley K. Kline | Bobbie Edwards |
| Signature (Required) | Signature (Required) |
| 512 Rural Ridge Trail | 104 Peach Street Apt 2C |
| Street Address (Required) | Street Address (Required) |
| Bladenboro NC 28320 | Bladenboro NC 28320 |
| City, State and Zip (Required) | City, State and Zip (Required) |
| 10-23-18 | 10-23-18 |
| Date | Date |

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 106-3)

STATE OF _____
 COUNTY OF _____

Notary Public _____
 Commission Expiration Date _____

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:
For all voters, a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

KIRBY GLENN WRIGHT
 5110 A CARROLL RD
 BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
 KIRBY GLENN WRIGHT
 PCT/VTD: P15/P15
 11/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification) OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's Instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the voter's presence. • I am assistance because a near relative or verifiable legal guardian, or I am providing assist the voter.

Name of Assistant

Address of Assistant

☒ Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. • The voter marked the enclosed my presence, or caused it to be marked in the voter's presence according to his/her instruction. • The voter signed this Absentee Application and Certificate, or caused it to be signed. • I the secrecy of the ballot and the voter's privacy, unless I assisted the voter in his/her complete Voter Assistant Certification section).

Witness #1

Witness #2

Signature (Required)

Signature (Required)

Street Address (Required)

Street Address (Required)

City, State and Zip (Required)

City, State and Zip (Required)

Date

Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, personally appeared _____, identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and of the voter, unless I assisted the voter at his/her request to complete Voter Assistant Certification.

NOTE: A notary may not charge any fee for witnessing and signing a notarial seal to an absentee ballot application or certificate.

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expires

Absentee Application and Certificate

Exhibit 4.2.0.2.1

789 of 796

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ANNIE FOX WRIGHT
2 MARSH RD
BLADENBORO NC 28320

BLADEN COUNTY



Ballot G001
ANNIE FOX WRIGHT
CT VIDE 2022202
10362018 GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses)

L-18

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

| Witness #1 | Witness #2 |
|---|---|
| <p>Signature (Required)</p> <p><i>Quincy V. Hunt</i></p> | <p>Signature (Required)</p> <p><i>Jessica F. Hester</i></p> |
| <p>Street Address (Required)</p> <p>6617 Center Rd</p> | <p>Street Address (Required)</p> <p>6618 Center Rd</p> |
| <p>City, State and Zip (Required)</p> <p>Bladenboro, NC 28320</p> | <p>City, State and Zip (Required)</p> <p>Bladenboro, NC 28320</p> |
| <p>Date</p> <p>10-1-18</p> | <p>Date</p> <p>10-1-18</p> |

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter, _____, personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. § 103-30)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

MANLY WRIGHT
 306 PINE RIDGE CIR
 BLADENBORO NC 28320

DEM BLADEN COUNTY



Ballot: G001

MANLY WRIGHT
 PCT/MTD/P201/P201
 11/06/2018 - GENERAL

Muni: 20

Board Approval Date

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

10-25-18

Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian; or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

Witness #1

Witness #2

Bobby Wright Janice Coker
 306 Pine Ridge Circle 1034 Murray Haywood Rd
 Bladenboro, N.C. 28320-6968 Greenville, N.C. 29638
 10-25-18 10-25-18
 Date Date

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (RS, § 108)

STATE OF

COUNTY OF

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters, a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any (executive, legislative, or judicial) office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign worker or treasurer for any candidate or political party.

Witnesses' Certification (Required)

I certify that: • I am at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).
 OR
 I am a duly qualified voter, registered in the political party indicated on this application, and the information represented on this application is correct. • I am entitled to vote in this election. • If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. • If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR

☐ a notary public who is a witness to the casting of my absentee ballot (the notary must complete Option 2 of the Witnesses' Certification).

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. • I assisted the voter only in the Voter's presence. • I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

| Witness #1 | Witness #2 |
|--|--|
| Signature (Required)
<i>Bill Nam</i> | Signature (Required)
<i>Rebecca McColl</i> |
| Street Address (Required)
<i>1121 Grace Street</i> | Street Address (Required)
<i>210 Bethel St.</i> |
| City, State and Zip (Required)
<i>Bladenboro NC 28320</i> | City, State and Zip (Required)
<i>Bladenboro NC 28320</i> |
| Date
<i>10-27-18</i> | Date
<i>10/27/18</i> |

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, _____, personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot; or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this Absentee Application and Certificate, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 109-30)

STATE OF _____

COUNTY OF _____

SEAL

Notary Public

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

TOMMY DWAYNE WRIGHT
BAXLEY AND WRIGHT LN
BLADENBORO, NC 28320

UNA - BLADEN COUNTY



Ballot: G001
TOMMY DWAYNE WRIGHT
PCT/VTD: P201/P201
01/06/2018 - GENERAL

Muni:

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Date

Name of Assistant

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction, and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses (Required Unless a Notary Public Is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

| Witness #1 | Witness #2 |
|--|--|
| Signature (Required)
<i>Shirley K. Miller</i> | Signature (Required)
<i>Bob Edwards</i> |
| Street Address (Required)
<i>512 Pine Ridge Drive</i> | Street Address (Required)
<i>104 Pecan Street Apt 30</i> |
| City, State and Zip (Required)
<i>Bladenboro NC 28320</i> | City, State and Zip (Required)
<i>Bladenboro NC 28320</i> |
| Date
<i>10-24-18</i> | Date
<i>10-24-18</i> |

Option 2: Notary Public as Witness (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the V____ personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the V____ presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (N.C. S. § 10)

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

NCSBE v2018.02

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;
For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 06 2018
 TIME REC'D
 BLADEN CO. BD OF ELECTIONS

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an **Unaffiliated** voter voting in a primary election, I am voting in the party primary indicated on the attached ballot. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

Signature of Voter (Required)

11/6/18
 Date

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the **Absentee Application and Certificate**. • I assisted the voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this **Absentee Application and Certificate**, or caused it to be signed. • I respected the **secrecy of the ballot and the Voter's privacy**, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required)
<i>Robert Lewis 108</i> | Signature (Required)
<i>Coplin</i> |
| Street Address (Required)
<i>108 Lewis Dr</i> | Street Address (Required)
<i>State 2100 N 2d</i> |
| City, State and Zip (Required)
<i>Clarkston NC 28433</i> | City, State and Zip (Required)
<i>Clarkston NC 28433</i> |
| Date
<i>11/6/18</i> | Date
<i>11/6/18</i> |

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter, identified, and in my presence, the Voter marked the enclosed ballot; or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this **Absentee Application and Certificate**, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respected the **secrecy of the ballot and the privacy of the Voter**, unless I assisted the Voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 10B-302)

STATE OF _____

COUNTY OF _____

Notary Public

SEAL

Commission Expiration Date

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are **PROHIBITED** from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

RECEIVED

NOV 06 2018

ELITCHER YOUNG
542 LISBON RD
LARKTON, NC 28433

TIME
BLADE

Voter's Certification (Required)

I am requesting for an absentee ballot. I am a duly qualified voter, registered as a member of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

- ☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)
- OR
- ☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

11/6/18
Date

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The voter marked the enclosed ballot in my presence, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the voter's privacy, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

| Witness #1 | Witness #2 |
|---|--|
| <i>Lola Lubaton</i>
Signature (Required) | <i>Carolina Smith</i>
Signature (Required) |
| <i>18 Lewis Dr</i>
Street Address (Required) | <i>51662 Lisbon Rd</i>
Street Address (Required) |
| <i>Enabelton NC 28437</i>
City, State and Zip (Required) | <i>Clarkton NC 28433</i>
City, State and Zip (Required) |
| <i>11/6/18</i>
Date | <i>11/6/18</i>
Date |

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the voter identified, and in my presence, the voter personally appeared before me, was positively identified, and in my presence, the voter marked the enclosed ballot, or caused it to be marked in the voter's presence according to his/her instruction. The voter signed this Absentee Application and Certificate caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the voter, unless I assisted the voter at his/her request [complete Voter Assistant Certification section].

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-109)

create me

Ballot: G002
ELITCHER YOUNG
POT/ID/P75/P75
11/06/2018 GENERAL

Muni:

Second Primary Request or Runoff Request

If, at the time a Second Primary (or Runoff Election) is called, you have an absentee application and ballot issued to me, check the box to receive eligible ballots.

Request for Illness/Disability

If I am continuing or expected illness or disability, I request that my application be a request for absentee ballots for any other elections to be held this calendar year in which I am eligible to participate. Check the box to receive eligible ballots.

Signature of Voter (if applicable)

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;

For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an *Unaffiliated* voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☒ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certificate)

Name Correction (if applicable)

Voter Assistant Certification (If applicable)

I certify that: • The voter requested my assistance. • I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the *Absentee Application and Certificate*. • I assisted the Voter only in the Voter's presence. • I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant: Wanda Monroe Address of Assistant: 123 Charles Dr

Signature of Assistant: X [Signature] Date: 10/24/18

Witnesses' Certification

Option 1: Two (2) Witnesses
(Required Unless a Notary Public is the Witness)

I certify that: • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

| Witness #1 | Witness #2 |
|--|--|
| Signature (Required): <u>[Signature]</u> | Signature (Required): <u>[Signature]</u> |
| Street Address (Required): <u>123 Charles Dr</u> | Street Address (Required): <u>155 White Plains Church Rd</u> |
| City, State and Zip (Required): <u>Cornett, NC</u> | City, State and Zip (Required): <u>Clarkton, NC</u> |
| Date: <u>10/24/18</u> | Date: <u>10-24-18</u> |

Option 2: Notary Public as Witness
(Required Unless Two Witnesses Provided)

I certify that on the _____ day of _____, 20____, the Voter identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. • The Voter signed this *Absentee Application and Certificate*, or caused it to be signed. • I am at least 18 years old. • I am not disqualified from witnessing the ballot as described in the WARNING on the flap of this envelope. • I respect the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. (G.S. § 163-30)

STATE OF _____
COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL

Absentee Application and Certificate

Fraudulently or Falsely completing this form is a Class 1 felony under Chapter 163 of the N.C. General Statutes

The following people are PROHIBITED from signing the Witnesses' Certification:
 For all voters: a candidate, UNLESS the candidate is the voter's near relative;
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization, or who is a campaign manager or treasurer for any candidate or political party.

ELMA LEE YOUNG
 55 WHITE PLAINS CHURCH RD
 CLARKTON, NC 28433

EM - BLADEN COUNTY

Ballot: G002
 VELMA LEE YOUNG
 NC CIVIL P75/P76
 1/03/2018 GENERAL

Voter's Certification (Required)

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

☐ two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification)

OR

☐ a notary public (the notary must complete Option 2 of the Witnesses' Certification)

X
 Sign

Name Correction (if applicable)

Voter Assistant Certification (if applicable)

I certify that: The voter requested my assistance. I assisted the voter by marking the ballot only according to the Voter's instruction; and/or I assisted the voter in completing the Absentee Application and Certificate. I assisted the voter only in the Voter's presence. I am the voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

NCSBE v2018.02

Witnesses' Certification

Option 1: Two (2) Witnesses
 (Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respect the secrecy of the ballot and the Voter's privacy, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

| Witness #1 | Witness #2 |
|---|---|
| Signature (Required)
<u>Wm. W. Willis</u> | Signature (Required)
<u>Agnes Willis</u> |
| Street Address (Required)
<u>123 Charles Dr</u> | Street Address (Required)
<u>261 White Plains Chk</u> |
| City, State and Zip (Required)
<u>Clarkton, NC 28434</u> | City, State and Zip (Required)
<u>Clarkton, NC 28433</u> |
| Date
<u>11/14/18</u> | Date
<u>10-14-18</u> |

Option 2: Notary Public as Witness
 (Required Unless Two Witnesses Provided)

I certify that: on the _____ day of _____, 20____, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot described in the WARNING on the flap of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request (complete Voter Assistant Certification section).

NOTE: A notary may not charge any fee for witnessing and affixing a notarial seal to an absentee ballot application or certificate. 79 S. § 108-36

STATE OF _____

COUNTY OF _____

Notary Public

Commission Expiration Date

SEAL